

STATE OF MAINE
125TH LEGISLATURE
FIRST REGULAR SESSION



Summaries of bills, adopted amendments and laws enacted or finally passed

**JOINT STANDING COMMITTEE ON INSURANCE AND
FINANCIAL SERVICES**

July 2011

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Joint Standing Committee on Insurance and Financial Services

**LD 14 Resolve, Regarding Legislative Review of the Final Repeal of Chapter 270: Adjustment of Volume Fees, a Major Substantive Rule of the Department of Professional and Financial Regulation RESOLVE 5
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP	

This resolve provides for legislative review of the repeal of Chapter 270: Adjustment of Volume Fees, a major substantive rule of the Department of Professional and Financial Regulation.

Enacted Law Summary

Resolve 2011, chapter 5 authorizes final repeal of Rule Chapter 270: Adjustment of Volume Fees, a major substantive rule of the Department of Professional and Financial Regulation, Bureau of Consumer Credit Protection.

Resolve 2011, chapter 5 was finally passed as an emergency measure effective March 24, 2011.

**LD 15 Resolve, Regarding Legislative Review of Chapter 285: Adjustment of Non-bank Mortgage Lending Fees, a Major Substantive Rule of the Department of Professional and Financial Regulation RESOLVE 4
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP	

This resolve provides for legislative review of Chapter 285: Adjustment of Non-bank Mortgage Lending Fees, a major substantive rule of the Department of Professional and Financial Regulation.

Enacted Law Summary

Resolve 2011, chapter 4 authorizes final adoption of Rule Chapter 285: Adjustment of Non-bank Mortgage Lending Fees, a major substantive rule of the Department of Professional and Financial Regulation, Bureau of Consumer Credit Protection.

Resolve 2011, chapter 4 was finally passed as an emergency measure effective March 21, 2011.

LD 53 An Act To Extend Fair Trade Practice to Automobile Rentals Provided When Insured Automobiles Are Damaged ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BEAULIEU THOMAS	ONTP	

This bill establishes that insurers providing rental vehicle reimbursement coverage may not require an insured to use or not use a particular rental vehicle company or rental vehicle company location. It also establishes

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disclosure requirements when insurers process a claim or write motor vehicle insurance.

LD 57 Resolve, To Update the Study Regarding the Feasibility of Establishing a Single-payor Health Care System

**MAJORITY
(ONTP) REPORT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BEAUDOIN SULLIVAN	ONTP MAJ OTP-AM MIN	

This resolve requires the Legislature to hire a consultant to update "Feasibility Study of a Single-payer Health Plan Model for the State of Maine," originally completed in 2002.

Committee Amendment "A" (H-47)

This amendment is the minority report of the committee and replaces the resolve. The amendment requires the Legislature to hire a consultant to update the "Feasibility Study of a Single-payer Health Plan Model for the State of Maine," originally completed in 2002. The amendment also requires that the updated study include an analysis of the impact of the federal Patient Protection and Affordable Care Act on state legislation to establish a single-payor health care system and of the costs and impact of using a single-payor health plan design similar to the design proposed for the State of Vermont. The amendment also provides funding for the updated study through a federal grant awarded to the State rather than the General Fund.

Committee Amendment "A" was not adopted.

LD 60 An Act To Extend Coverage under the State's Mini-COBRA Law

**MAJORITY
(ONTP) REPORT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LOVEJOY BRANNIGAN	ONTP MAJ OTP-AM MIN	

Under existing federal and state law, employees who are laid off are eligible to continue health coverage under their employers' group health insurance plans at their own expense. The federal Consolidated Omnibus Budget Reconciliation Act of 1985, known as COBRA, contains provisions that apply to employers with 20 or more employees and generally allows coverage to continue for up to 18 months. Current state law, which applies to employers with fewer than 20 employees, allows the employee to continue coverage for up to 12 months. This bill extends the availability of coverage up to 36 months for those eligible under state law and, to the extent possible, for those eligible under federal law. The bill also provides a special enrollment period for those employees who have exhausted coverage under existing law but who would otherwise be eligible to continue coverage for an additional period.

Committee Amendment "A" (H-48)

This amendment is the minority report of the committee and replaces the bill. Current state law, which applies to employers with fewer than 20 employees, allows the employee to continue coverage at their own expense for up to 12 months. This amendment extends the availability of coverage from 12 months to 18 months for those employees eligible under state law. The amendment also removes the requirement that those employees who are permanently

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laid off must be eligible for federal premium assistance in order to continue coverage. The requirements of the amendment that extend availability of coverage apply to any member or employee who, on or after the effective date of the law, loses employment or has group coverage pursuant to an election of continuation of coverage pursuant to the provisions of the Maine Revised Statutes, Title 24-A, section 2809-A, subsection 11.

Committee Amendment "A" was not adopted.

LD 125 An Act To Raise the Required Minimum Limits for Motor Vehicle Insurance ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
COTTA GERZOFISKY	ONTP	

This bill raises the required minimum limits for motor vehicle insurance.

LD 226 An Act To Allow Maine Citizens To Buy Health Insurance across State Lines ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SULLIVAN	ONTP	

This bill permits insurers authorized to transact individual or group health insurance in any state to offer their individual and group health plans for sale in this State if certain requirements of Maine law are met, including minimum capital and surplus and reserve requirements, disclosure and reporting requirements and grievance procedures. It also permits Maine health insurers to offer individual health plans of out-of-state parent or subsidiary health insurers if similar requirements are met. If out-of-state health plans are offered for sale in this State, the bill requires that prospective enrollees be provided adequate disclosure in a format approved by the Superintendent of Insurance of how the plans differ from Maine health plans. This bill also requires a person to sign a waiver if the insurance policy does not have the same coverage as Maine. The bill includes an effective date of January 1, 2012.

While LD 226 was voted "Ought Not to Pass", a related substantive provision permitting insurers authorized to transact individual health insurance in Connecticut, Massachusetts, New Hampshire or Rhode Island to offer health plans in Maine under certain conditions was included in LD 1333, An Act to Modify Rating Practices for Individual and Small Group Health Plans and to Encourage Value-based Purchasing of Health Care Services. See LD 1333, which was enacted as Public Law 2011, chapter 90.

LD 279 An Act To Amend Indemnification Notification Laws PUBLIC 38

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SNOWE-MELLO	OTP	

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This bill repeals the provision in the Maine Insurance Code requiring annual notice by an insurer to indemnitors of the existence of an indemnity agreement.

Enacted Law Summary

Public Law 2011, chapter 38 repeals the provision in the Maine Insurance Code requiring annual notice by an insurer to indemnitors of the existence of an indemnity agreement.

LD 290 An Act To Amend the Maine Secure and Fair Enforcement for Mortgage Licensing Act of 2009

PUBLIC 289

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MORISSETTE MASON	OTP-AM	H-427

This bill amends the Maine Secure and Fair Enforcement for Mortgage Licensing Act of 2009, to exempt individuals who do not offer or originate more than five loans in any one calendar year from having to be licensed. The bill makes the change retroactive to January 1, 2011.

Committee Amendment "A" (H-427)

This amendment strikes the provision in the bill that exempts individuals who do not offer or originate more than five loans in any one calendar year from having to be licensed under the Maine Secure and Fair Enforcement for Mortgage Licensing Act of 2009. The amendment amends the Maine Secure and Fair Enforcement for Mortgage Licensing Act of 2009 to add an exemption for a de minimis number of transactions per year not to exceed the limit set forth in regulations adopted by the United States Department of Housing and Urban Development. The amendment defines "credit sale" to clarify that credit extended by a property owner to the buyer when the property is sold is not subject to licensing. The amendment also clarifies that the enforceability of mortgage loans is not affected by a good faith failure to comply with the terms of the Act. The amendment retains the bill's retroactive date of January 1, 2011.

Enacted Law Summary

Public Law 2011, chapter 289 amends the Maine Secure and Fair Enforcement for Mortgage Licensing Act of 2009 to add an exemption from licensing for those individuals engaging in a de minimis number of residential mortgage loan transactions per year not to exceed the limit set forth in regulations adopted by the United States Department of Housing and Urban Development. The law defines "credit sale" to clarify that credit extended by a property owner to the buyer when the property is sold is not subject to licensing. The law also clarifies that the enforceability of mortgage loans is not affected by a good faith failure to comply with the terms of the Maine Secure and Fair Enforcement for Mortgage Licensing Act of 2009.

Public Law 2011, chapter 289 applies retroactively to January 1, 2011.

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LD 295 An Act To Require Insurance Companies To Disclose the Option To ONTP
Purchase Higher Amounts of Coverage for Automobile Liability
Insurance

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BOLAND BARTLETT	ONTP	

Under existing law, a motor vehicle insurance policy must provide uninsured vehicle coverage at a level at least equal to the amount in the policy for liability for bodily injury or death unless the policyholder expressly rejects that amount in favor of a lower amount, which may not be less than the minimum statutory requirement for liability coverage under the Maine Revised Statutes, Title 29-A, section 1605. This bill maintains that provision, but requires an insurer or licensed producer holding an appointment from that insurer to disclose to policyholders the option for purchase of uninsured vehicle coverage at a higher level up to \$2,000,000.

LD 313 An Act To Permit Insured Persons To Designate a 3rd Party To Receive PUBLIC 123
Notice of Cancellation of Medicare Supplement Policies and To Restrict
the Cancellation of Certain Insurance Policies for Nonpayment of
Premium Due to Cognitive Impairment or Functional Incapacity

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HOBBINS	OTP-AM MAJ ONTP MIN	S-71

This bill permits insured persons 65 years of age or older to designate a third party to also receive notice of cancellation of health insurance, Medicare supplement, life insurance and long-term care insurance policies.

Committee Amendment "A" (S-71)

This amendment is the majority report of the committee and replaces the bill. The amendment extends the right for an insured person to designate a third party to receive notice of cancellation of Medicare supplement insurance policies. The amendment also provides the ability to reinstate life, health and Medicare supplement insurance policies to reduce the danger that a policyholder who suffers from cognitive impairment or functional incapacity will lose coverage for nonpayment of premium due to that cognitive impairment or functional incapacity. The amendment removes provisions in the bill relating to long-term care insurance as the notice of cancellation provisions and provisions restricting cancellation due to cognitive impairment or functional incapacity are already required by rule. The provisions in the amendment related to life, health and Medicare supplement insurance are consistent with the restrictions on cancellation due to cognitive impairment or functional incapacity already in place with respect to long-term care insurance. The provisions in the amendment apply to all insurance policies, contracts and certificates issued or renewed on or after January 1, 2012.

Enacted Law Summary

Public Law 2011, chapter 123 extends the right for an insured person to designate a third party to receive notice of cancellation to Medicare supplement insurance policies. The law also provides the ability to reinstate life, health and Medicare supplement insurance policies after cancellation to reduce the danger that a policyholder who suffers from cognitive impairment or functional incapacity will lose coverage for nonpayment of premium due to that cognitive impairment or functional incapacity. The restrictions on cancellation provisions in the law related to life,

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health and Medicare supplement insurance are consistent with the restrictions on cancellation due to cognitive impairment or functional incapacity already in place with respect to long-term care insurance.

The provisions in Public Law 2011, chapter 123 apply to all life, health and Medicare supplement insurance policies, contracts and certificates issued or renewed on or after January 1, 2012.

LD 327 An Act To Permit Lenders To Exclude Government Insurance Fees ONTP **When Determining whether a Loan Is a High-rate, High-fee Loan**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RICHARDSON D	ONTP	

This bill permits lenders to exclude points and fees assessed by federal or state government agencies for insurance when calculating the thresholds used to determine whether or not a loan is a high-rate, high-fee loan.

While LD 327 was voted "Ought Not to Pass", a related substantive provision making changes to the definition of excluded points and fees when calculating the thresholds used to determine whether or not a loan is a high-rate, high-fee loan was included in LD 1338, An Act to Amend the Maine Consumer Credit Code to Conform with Federal Law. See LD 1338, which was enacted as Public Law 2011, chapter 427.

LD 334 An Act To Promote Further Stability within the Workers' PUBLIC 105 **Compensation System by Extending the Number of Terms That May Be EMERGENCY** **Served on the Maine Employers' Mutual Insurance Company Board of** **Directors**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RICHARDSON W	OTP-AM	H-102

This bill increases the number of consecutive full terms from three to four that an individual may serve on the Maine Employers' Mutual Insurance Company board of directors, except for the president and chief executive officer.

Committee Amendment "A" (H-102)

The amendment adds an emergency preamble and emergency clause to the bill.

Enacted Law Summary

Public Law 2011, chapter 105 increases the number of consecutive full terms from three to four that an individual may serve on the Maine Employers' Mutual Insurance Company board of directors, except for the president and chief executive officer.

Public Law 2011, chapter 105 was enacted as an emergency measure effective May 3, 2011.

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LD 355 An Act To Apply the Federal Truth in Lending Act in Maine

ONTP

Sponsor(s)

FLOOD

Committee Report

ONTP

Amendments Adopted

This bill ensures that, if Maine's exemption under the federal Truth in Lending Act is revoked, Maine law will continue to require that mortgage lenders regulated by the Department of Professional and Financial Regulation, Bureau of Consumer Credit Protection comply with the federal Truth in Lending Act. The bill requires creditors and loan brokers to comply with the federal Consumer Credit Protection Act and its implementing regulation pursuant to the federal Truth in Lending Act, Regulation Z.

While LD 355 was voted "Ought Not to Pass", a related bill was enacted to address Maine's conformity with the federal Truth in Lending Act. See LD 1338, which was enacted as Public Law 2011, chapter 427.

LD 364 Resolve, Directing Updated Review and Evaluation of Maine's Mental Health Parity Law

ONTP

Sponsor(s)

DION

Committee Report

ONTP

Amendments Adopted

This resolve directs the Department of Professional and Financial Regulation, Bureau of Insurance to review and evaluate the mental health parity law in the same manner as is required for a proposal for a mandated health benefit.

LD 368 An Act To Require Full Disclosure by Insurance Carriers Using Credit Ratings

**MAJORITY
(ONTP) REPORT**

Sponsor(s)

BEAUDOIN
BRANNIGAN

Committee Report

ONTP MAJ
OTP MIN

Amendments Adopted

This bill requires an insurer that obtains credit information on a consumer to provide the consumer with notice of the consumer's credit score and identify the impact of that score on rates and coverage as part of the policy issued to the consumer.

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LD 401 An Act To Enhance Penalties To Protect Senior Investors

PUBLIC 37

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KATZ	OTP-AM	S-16

This bill enacts measures that empower the Securities Administrator and the Maine courts to enhance the penalties for violations of the Maine Uniform Security Act that affect citizens 65 years of age or older.

Committee Amendment "A" (S-16)

This amendment incorporates a fiscal note.

Enacted Law Summary

Public Law 2011, chapter 37 enacts measures that empower the Securities Administrator and the Maine courts to enhance the penalties for violations of the Maine Uniform Security Act that affect citizens 65 years of age or older.

**LD 402 An Act To Improve Credit Reporting Regarding Consumers without a
Credit History**

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DAVIS	ONTP	

This bill prohibits a user of a consumer report from assigning a consumer a low credit score solely on the basis of a consumer's having no credit history if the consumer can demonstrate the ability to meet that consumer's financial obligations without borrowing on credit.

**LD 410 An Act To Repeal the Provisions in the Insurance Laws Governing
Guaranteed Issue and Community Rating**

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DAVIS SAVIELLO	ONTP	

This bill repeals the laws governing guaranteed issue and community rating for individual health insurance. The bill also repeals the laws governing community rating in the small group health insurance market. The bill applies to all individual and small group health insurance policies, certificates and contracts issued or renewed on or after January 1, 2012.

While LD 410 was voted "Ought Not to Pass", related substantive provisions amending the laws governing guaranteed issue and community rating were included in LD 1333, An Act to Modify Rating Practices for Individual and Small Group Health Plans and to Encourage Value-based Purchasing of Health Care Services. See LD 1333, which was enacted as Public Law 2011, chapter 90.

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LD 440 An Act To Allow Employees of the Maine School of Science and Mathematics to Join the State's Group Health Plan

**PUBLIC 67
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
AYOTTE SHERMAN	OTP-AM	H-83

This bill makes employees of the Maine School of Science and Mathematics eligible for the State's group health plan.

Committee Amendment "A" (H-83)

This amendment adds an emergency preamble and emergency clause to the bill.

Enacted Law Summary

Public Law 2011, chapter 67 makes employees of the Maine School of Science and Mathematics eligible for the State's group health plan.

Public Law 2011, chapter 67 was enacted as an emergency measure effective May 9, 2011.

LD 455 Resolve, Directing the Superintendent of Insurance To Form a Compact with Other State Commissioners of Insurance on the Purchase of Insurance out of State

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HOGAN THOMAS	ONTP	

This resolve directs the Superintendent of Insurance to meet with the commissioners of insurance of the State of Connecticut, the Commonwealth of Massachusetts, the State of New Hampshire, the State of Rhode Island and the State of Vermont to develop a plan to form an interstate compact regarding the purchase of insurance from other states. The commissioner is required to report by January 12, 2012 to the Joint Standing Committee on Insurance and Financial Services, which may submit legislation to the Second Regular Session of the 125th Legislature.

While LD 455 was voted "Ought Not to Pass", a related substantive provision permitting insurers authorized to transact individual health insurance in Connecticut, Massachusetts, New Hampshire or Rhode Island to offer health plans in Maine under certain conditions was included in LD 1333, An Act to Modify Rating Practices for Individual and Small Group Health Plans and to Encourage Value-based Purchasing of Health Care Services. See LD 1333, which was enacted as Public Law 2011, chapter 90.

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LD 473 An Act To Enable Maine Residents To Purchase Health Insurance over State Lines ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HARMON MCCORMICK	ONTP	

This bill permits insurers authorized to transact individual or group health insurance in any state to offer their individual and group health plans for sale in this State if certain requirements of Maine law are met, including minimum capital and surplus and reserve requirements, disclosure and reporting requirements and grievance procedures. It also permits Maine health insurers to offer individual and group health plans of out-of-state parent or subsidiary health insurers if similar requirements are met. If out-of-state health plans are offered for sale in this State, the bill requires that prospective enrollees be provided adequate disclosure in a format approved by the Superintendent of Insurance of how the plans differ from Maine health plans. This bill also requires a person purchasing such insurance to sign a waiver acknowledging that the insurance policy does not necessarily fully adhere to Maine law. The bill includes an effective date of January 1, 2012.

While LD 473 was voted "Ought Not to Pass", a related substantive provision permitting insurers authorized to transact individual health insurance in Connecticut, Massachusetts, New Hampshire or Rhode Island to offer health plans in Maine under certain conditions was included in LD 1333, An Act to Modify Rating Practices for Individual and Small Group Health Plans and to Encourage Value-based Purchasing of Health Care Services. See LD 1333, which was enacted as Public Law 2011, chapter 90.

LD 496 An Act To Amend the Laws Governing Financial Incentives and Geographic Accessibility of Services Covered by Health Insurance Providers ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCKANE THOMAS	ONTP	

This bill removes provisions in current law prohibiting health insurance carriers from applying benefit differentials based on travel and repeals the provision authorizing pilot projects that are exempt from geographic access requirements. In its place, the bill requires health insurance carriers to offer a health plan with financial provisions to encourage use of designated providers that is exempt from geographic access requirements established in current law and in rules adopted by the Department of Professional and Financial Regulation, Bureau of Insurance.

While LD 496 was voted "Ought Not to Pass", a related substantive provision amending the access requirements established in current law and in rules adopted by the Department of Professional and Financial Regulation, Bureau of Insurance was included in LD 1333, An Act to Modify Rating Practices for Individual and Small Group Health Plans and to Encourage Value-based Purchasing of Health Care Services. See LD 1333, which was enacted as Public Law 2011, chapter 90.

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LD 517 An Act Regarding Prescription Drug Step Therapy and Prior Authorization ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SAVIELLO	ONTP	

This bill limits the ability of a health coverage carrier to require prescription drug formulary alternatives and prior authorization in certain circumstances beginning January 1, 2012.

LD 519 Resolve, Directing the Bureau of Insurance To Study Legislators' Health Insurance Benefits Compared to the Health Insurance Benefits of Other Part-time and Seasonal Workers in the State ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GOODE	ONTP	

This bill directs the Department of Professional and Financial Regulation, Bureau of Insurance to study the health insurance premium, cost, cost-sharing and benefits provided to Legislators and compare them to the premium, cost, cost-sharing and benefits available to other part-time and seasonal workers in the State, and to provide a report to the Joint Standing Committee on Insurance and Financial Services by December 1, 2011.

LD 527 An Act To Bring Maine's Minimum Financial Responsibility Laws Pertaining to Rental Vehicles into Conformity with Privately Owned Vehicles PUBLIC 78

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RICHARDSON W	OTP	

This bill changes the minimum amount of insurance required for a rental vehicle from \$350,000 to the same as required for privately owned vehicles.

Enacted Law Summary

Public Law 2011, chapter 78 changes the minimum amount of insurance required for a rental vehicle from \$350,000 to the same as required for privately owned vehicles. Under the law, the minimum amount of liability insurance required for a rental vehicle will be \$25,000 for damage to property; \$50,000 for injury or death of one person; \$100,000 for injury or death of more than one person in one accident; and \$2,000 for medical payments.

Joint Standing Committee on Insurance and Financial Services

**LD 540 An Act To Implement the Insurance Payment Reform
Recommendations of the Advisory Council on Health Systems
Development**

PUBLIC 270

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRAHAM BRANNIGAN	OTP-AM	H-428

This bill implements the recommendations of the Advisory Council on Health Systems Development relating to insurance payment reform. The bill adopts principles for payment reform strategies developed by the Advisory Council on Health Systems Development and requires that these principles be used to evaluate pilot project proposals. The bill authorizes the Superintendent of Insurance to permit health insurance carriers to implement payment reform pilot projects beginning January 1, 2012. The bill requires the Superintendent of Insurance to consider the recommendation of the Advisory Council on Health Systems Development before approving a pilot project.

The bill also authorizes the Department of Health and Human Services to conduct a four-year demonstration project for payment reform to achieve cost savings within the MaineCare program beginning July 1, 2012.

Committee Amendment "A" (H-428)

This amendment does the following.

1. It requires the rule-making process to be completed by December 1, 2011 and that copies of the adopted rule be submitted to the Joint Standing Committee on Insurance and Financial Services.
2. It delays the authority to approve any pilot project from January 1, 2012 to March 1, 2012.
3. It narrows the scope of permissible pilot projects to projects between a health insurance carrier and an accountable care organization formed by providers.
4. It requires that the Department of Professional and Financial Regulation, Bureau of Insurance conduct an analysis of the costs and benefits of any approved pilot project and report those findings to the Legislature.
5. It clarifies that the pilot project provision may not be construed to require carriers to obtain prior approval from the Bureau of Insurance to engage in activities already expressly permitted.
6. It removes provisions in the bill related to the duties of the Advisory Council on Health Systems Development, which was repealed by Public Law 2011, chapter 90.

Enacted Law Summary

Public Law 2011, chapter 270 authorizes the Superintendent of Insurance to permit health insurance carriers to implement payment reform strategies through accountable care organizations as a pilot project beginning March 1, 2012. Before approving a pilot project, the law requires the Superintendent of Insurance to consider whether the proposed pilot is consistent with the principles for payment reform developed by the former Advisory Council on Health Systems Development.

Public Law 2011, chapter 270 also authorizes the Department of Health and Human Services to conduct a four-year demonstration project for payment reform to achieve cost savings within the MaineCare program beginning July 1, 2012.

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LD 544 An Act To Eliminate Duplication of Paint Disclosure and Radon Requirements

PUBLIC 96

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CUSHING COURTNEY	OTP MAJ OTP-AM MIN	

The bill eliminates the duplication of state and federal lead-based paint disclosure requirements and amends the law requiring radon testing of residential buildings to exempt buildings used exclusively for short-term or seasonal rentals of less than 100 days.

Committee Amendment "A" (H-82)

This amendment is the minority report of the committee. The amendment removes the provision of the bill that exempts buildings used exclusively for short-term or seasonal rentals of less than 100 days from the law requiring radon testing of residential buildings by landlords.

Committee Amendment "A" was not adopted.

House Amendment "A" (H-96)

This amendment limits the exemption from radon testing created in the bill for certain residential buildings to those residential buildings used exclusively for rental under a nonrenewable short-term lease of 100 days or less during the period between May 1st and October 31st. The effect of this amendment is that those buildings leased from November 1st to April 30th, even if under a short-term lease, will continue to be required to be tested for radon.

House Amendment "A" was not adopted.

Enacted Law Summary

Public Law 2011, chapter 96 eliminates the duplication of state and federal lead-based paint disclosure requirements and amends the law requiring radon testing of residential buildings to exempt buildings used exclusively for short-term or seasonal rentals of less than 100 days.

LD 567 An Act To Prevent Insurer Limits on Certain Dental Fees

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ALFOND	ONTP	

This bill prevents insurers from limiting dental fees that are not covered by the insurer or the portion of a dental fee that exceeds the amount covered.

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LD 642 An Act To Require Insurance Companies To Reissue Qualifying Long-term Care Partnership Policies

PUBLIC 198

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FOSEL	OTP-AM MAJ OTP-AM MIN	H-209

This bill requires insurers to reissue long-term care insurance policies that qualify for the Long-term Care Partnership Program pursuant to the Maine Revised Statutes, Title 22, section 3174-GG upon a request from a policyholder to exchange a long-term care insurance policy issued prior to July 1, 2009. An insurer may not impose additional underwriting requirements or place the insured in a less favorable rating plan or classification.

Committee Amendment "A" (H-209)

This amendment is the majority report of the committee and replaces the bill. The amendment requires an insurer that actively markets long-term care insurance policies that qualify for the Long-term Care Partnership Program pursuant to the Maine Revised Statutes, Title 22, section 3174-GG to provide notice to an individual or employer that purchased a tax-qualified long-term care insurance policy on or after July 1, 2004 but before the date the insurer began actively marketing partnership policies that the individual or employer may be eligible to participate in the Long-term Care Partnership Program. The amendment also requires the insurer to identify whether a policy meets the requirements of the Long-term Care Partnership Program. If a policy meets the requirements, an insurer is required to notify the policyholder and amend the policy's effective date to reflect partnership status. If a policy does not meet all of the requirements, an insurer is required to offer an exchange of the policy and apply its underwriting and rating standards.

The amendment also permits a policyholder of a tax-qualified policy purchased prior to July 1, 2004 to request that an insurer review the policy to determine whether the policy meets the requirements of the Long-term Care Partnership Program. If a policyholder makes a request more than 12 months after the effective date of the provision, the insurer is not obligated to review the policy.

Committee Amendment "B" (H-210)

This amendment is the minority report of the committee and replaces the bill. The amendment requires an insurer that actively markets long-term care insurance policies that qualify for the Long-term Care Partnership Program pursuant to the Maine Revised Statutes, Title 22, section 3174-GG to provide notice to an individual or employer that purchased a tax-qualified long-term care insurance policy on or after July 1, 2004 but before the date the insurer began actively marketing partnership policies that the individual or employer may be eligible to participate in the Long-term Care Partnership Program. The amendment also requires the insurer to identify whether a policy meets the requirements of the Long-term Care Partnership Program. If a policy meets the requirements, an insurer is required to notify the policyholder and amend the policy's effective date to reflect partnership status. If a policy does not meet all of the requirements, an insurer is required to offer an exchange of the policy and apply its underwriting and rating standards.

Committee Amendment "B" was not adopted.

Enacted Law Summary

Public Law 2011, chapter 198 requires an insurer that actively markets long-term care insurance policies that qualify for the Long-term Care Partnership Program pursuant to the Maine Revised Statutes, Title 22, section 3174-GG to provide notice to an individual or employer that purchased a tax-qualified long-term care insurance policy on or after July 1, 2004 but before the date the insurer began actively marketing partnership policies that the individual or employer may be eligible to participate in the Long-term Care Partnership Program. The law also requires the

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insurer to identify whether a policy meets the requirements of the Long-term Care Partnership Program. If a policy meets the requirements, an insurer is required to notify the policyholder and amend the policy's effective date to reflect partnership status. If a policy does not meet all of the requirements, an insurer is required to offer an exchange of the policy and apply its underwriting and rating standards.

Public Law 2011, chapter 198 also permits a policyholder of a tax-qualified policy purchased prior to July 1, 2004 to request that an insurer review the policy to determine whether the policy meets the requirements of the Long-term Care Partnership Program. If a policyholder makes a request more than 12 months after the effective date of the provision, the insurer is not obligated to review the policy.

LD 645 Resolve, To Replace Maine's Health Insurance System with the Type of ONTP System Used in New Hampshire

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PARRY	ONTP	

This resolve requires the Department of Professional and Financial Regulation, Bureau of Insurance to compare current state law regulating individual and group health insurance with New Hampshire law and develop proposed legislation to conform state law to New Hampshire law. The resolve requires the Bureau of Insurance to submit a report, along with proposed legislation, to the Joint Standing Committee on Insurance and Financial Services no later than January 15, 2012. The resolve authorizes the Joint Standing Committee on Insurance and Financial Services to report out a bill to the Second Regular Session of the 125th Legislature.

LD 660 An Act To Clarify the Responsibilities of Pharmacy Benefits Managers ONTP and Preferred Provider Organizations

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PICCHIOTTI MARTIN T	ONTP	

This bill provides that requirements governing the relationships between pharmacy providers and insurance carriers also apply to pharmacy benefits managers and preferred provider organizations that administer pharmacy services.

LD 672 An Act To Provide Reasonable Uninsured Motorist Coverage ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BECK ALFOND	ONTP	

Under current law, the amount of uninsured vehicle coverage for motor vehicle insurance policies not subject to the Maine Automobile Insurance Cancellation Control Act may not be less than the minimum limits for bodily injury liability insurance provided for under the Maine Revised Statutes, Title 29-A, section 1605. This bill requires that the amount of uninsured motor vehicle coverage for such policies be equal to the amount of coverage for liability for bodily injury or death in the policy offered or sold to the purchaser.

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LD 712 An Act To Expand Access to Clinical Trials

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STRANG BURGESS SAVIELLO	ONTP	

This bill amends the Maine Insurance Code to include those with medical conditions for whom an approved clinical trial is available. It requires health insurance coverage of clinical trials by pharmaceutical manufacturers. It also clarifies that the law covers all phases of clinical trials, including translational trials as well as Phase I, Phase II and Phase III trials.

LD 720 An Act To Mandate Insurance Coverage for Infertility Treatment

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KNIGHT	ONTP	

This bill requires that health insurance policies include coverage for the treatment of infertility if the covered individual is married; the covered individual's infertility is not the result of a sexually transmitted disease; and the number of embryos implanted does not exceed the number set forth in standards adopted by the American Society of Reproductive Medicine or a successor organization. Under the bill, an insurance policy that provides infertility treatment coverage may require a 50% or lower copayment by the insured. The bill applies to all policies in effect on or after January 1, 2012.

LD 731 An Act To Terminate the Authorization of the Maine Self-Insurance Guarantee Association To Serve as a Statistical Advisory Organization for Self-insurers

PUBLIC 83

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SNOWE-MELLO	OTP	

This bill repeals the authorization of the Maine Self-Insurance Guarantee Association to serve as the statistical advisory organization for self-insurers.

Enacted Law Summary

Public Law 2011, chapter 83 repeals the authorization of the Maine Self-Insurance Guarantee Association to serve as the statistical advisory organization for self-insurers.

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LD 768 An Act To Amend the Laws Relating to Group Trusts Established by Group Self-insurers of Workers' Compensation Benefits

PUBLIC 98

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BECK SULLIVAN	OTP-AM	H-103

This bill provides that if a member of a group self-insurer for workers' compensation benefits terminates membership in the group, that member is entitled to share in the release of surplus funds from the trust established by the group self-insurer if funding by that member to the 95% confidence level occurs within one year. The bill clarifies that while a trust is responsible for payment of a departing member's liabilities, the trust is not required to set aside additional trust assets for that exposure.

Committee Amendment "A" (H-103)

This amendment clarifies that while a trust is responsible for payment of a departing member's liabilities, the trust is not required to set aside additional trust assets for that exposure. The amendment requires that, if the Superintendent of Insurance finds there is a material risk to the trust's ability to satisfy its liabilities and obligations due to the failure of one or more departing members to fund their proportionate share of exposure or to the failure of the group trust to enforce the funding requirement, the superintendent shall consider any unfunded amount when approving a determination of a group trust's surplus or deficit.

Enacted Law Summary

Public Law 2011, chapter 98 clarifies the responsibility of a workers' compensation group self-insurance trust for payment of a departing member's liabilities. The law makes it clear that a trust is responsible for payment of a departing member's liabilities, but provides that the trust is not required to set aside additional trust assets for that exposure. The law requires that, if the Superintendent of Insurance finds there is a material risk to the trust's ability to satisfy its liabilities and obligations due to the failure of one or more departing members to fund their proportionate share of exposure or to the failure of the group trust to enforce the funding requirement, the superintendent shall consider any unfunded amount when approving a determination of a group trust's surplus or deficit.

LD 783 An Act To Amend the Laws Governing Captive Insurance Companies

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RICHARDSON W RAYE	ONTP	

This bill amends the chapter of the Maine Insurance Code governing captive insurance companies to make clear that in the event of any conflict between the provisions of other state insurance laws and the provisions of the laws governing captive insurance companies, the provisions of the captive insurance company laws control. The bill places a cap on the unimpaired paid-in capital and surplus of an association captive insurance company and provides that rules adopted by the Superintendent of Insurance to implement the laws governing captive insurance companies are major substantive rules.

While LD 783 was voted "Ought Not to Pass", a related substantive provision relating to captive insurance companies was included in LD 1333, An Act to Modify Rating Practices for Individual and Small Group Health

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Plans and to Encourage Value-based Purchasing of Health Care Services. See LD 1333, which was enacted as Public Law 2011, chapter 90.

LD 794 An Act To Provide Fair Value for Insured Items

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WHITTEMORE	ONTP	

This bill requires an insurer to provide coverage for 85% of the total value of the contents of a home insured under a homeowner's insurance policy if the insured opts not to or is unable to provide an inventory of any lost or damaged items of property to enable the insurer to determine the actual cash value of the lost contents.

LD 844 An Act To Provide Affordable Health Insurance for Municipal and School Employees through Competition

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DILL C BLISS	ONTP	

This bill removes the waiver of competitive bidding available to school boards for health insurance. It requires that school boards purchase health insurance for employees through competitive bidding, including in school units in which municipal and school insurance is purchased as a package by municipal government. The bill requires that insurers, nonprofit hospital and medical service organizations and health maintenance organizations provide a school administrative unit with information concerning the unit's own experience rating and claims history as a member covered under a group policy or contract at the unit's request or at the request of any municipality in the unit.

The bill also makes members of the Maine Municipal Association and members of the Maine Education Association eligible to participate in the group health plan for state employees and makes employees of school administrative units and municipalities eligible to participate in the plan if their school boards or municipalities elect to participate in the plan.

While LD 844 was voted "Ought Not to Pass", two related bills were enacted that included provisions to require that insurers, nonprofit hospital and medical service organizations and health maintenance organizations provide a school administrative unit with information concerning the unit's own experience rating and claims history as a member covered under a group policy or contract at the unit's request and to make members of the Maine Municipal Association and members of the Maine Education Association eligible to participate in the group health plan for state employees. See LD 619, which was considered by the Joint Standing Committee on Education and Cultural Affairs and enacted as Public Law 2011, chapter 438 and LD 1326, which was enacted as Public Law 2011, chapter 395.

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LD 857 Resolve, To Study the Feasibility of Consolidating Health Plan Coverage for State Employees with Other Public Employees DIED ON ADJOURNMENT

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRANNIGAN	OTP-AM MAJ ONTP MIN	S-258

This bill includes teachers under the state group health plan.

Committee Amendment "A" (S-258)

This amendment is the majority report of the committee and replaces the bill with a resolve requiring the State Employee Health Commission to convene a working group to study the feasibility of consolidating health plan coverage for state employees and retirees with health plan coverage for other public employees and retirees. The amendment also adds an appropriation section to provide the funds for the actuarial analysis and other costs of the study.

LD 857 was enacted in the House and placed on the Special Appropriations Table in the Senate. The bill died upon adjournment in the Senate based on the "Ought Not to Pass" recommendation of the Joint Standing Committee on Appropriations and Financial Affairs.

LD 858 An Act To Amend the Law Related to Multiple-employer Welfare Arrangements ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SNOWE-MELLO	ONTP	

This bill repeals application of small group insurance laws to multiple-employer welfare arrangements.

LD 867 An Act To Amend the Laws Governing Insurance as They Relate to Civil Penalties Imposed for Violations of Those Laws ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SNOWE-MELLO	ONTP	

This bill amends the laws governing insurance in relation to the assessment of civil penalties based upon multiple violations of these laws. It sets caps on the civil penalties that the Superior Court may assess in an action brought by the Attorney General. It also sets caps on the civil penalties that the Superintendent of Insurance may assess following an adjudicatory hearing except in cases in which the Department of Professional and Financial Regulation, Bureau of Insurance proves by clear and convincing evidence that the violations were intentional and with the intent to defraud consumers and that consumers in fact sustained material loss or damage.

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**LD 881 An Act To Amend Certain Insurance Provisions Relating to Variable
Annuity Death Benefits and Multiple Employer Trusts**

PUBLIC 163

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RICHARDSON W	OTP-AM	H-158 S-101 WHITTEMORE

This bill amends Maine's minimum variable annuity death benefit law, which currently requires a return of premium, to provide that the premium returned should be reduced by amounts that the insurance company has already distributed to the policy owners as, for example, in the form of cash withdrawals, loans or qualified transfers. The bill allows life insurance to be provided to trust groups without requiring that employers agree to serve as settlors of the trust. This change will permit the creation of trust groups adopted by two or more employers instead of limiting the law to trusts established by employers. This change makes Maine law consistent with the national standards represented by the National Association of Insurance Commissioners model.

Committee Amendment "A" (H-158)

This amendment clarifies that a variable annuity death benefit payment must equal the greater of the premiums, reduced by any adjusted withdrawals from the policy already distributed to the policy owner, and the value of the contract, instead of the sum of the premiums, less withdrawals, and the value of the contract, as the bill proposes.

Senate Amendment "A" To Committee Amendment "A" (S-101)

This amendment clarifies the language of Committee Amendment "A" that a variable annuity death benefit equals either the value of the contract at the time of death or the sum of the premiums less adjusted withdrawals from the policy, whichever is greater.

Enacted Law Summary

Public Law 2011, chapter 163 amends Maine's minimum variable annuity death benefit law, which currently requires a return of premium, to provide that the premium returned should be reduced by amounts that the insurance company has already distributed to the policy owners as, for example, in the form of cash withdrawals, loans or qualified transfers.

Public Law 2011, chapter 163 also allows life insurance to be provided to trust groups without requiring that employers agree to serve as settlors of the trust. This change will permit the creation of trust groups adopted by two or more employers instead of limiting the law to trusts established by employers.

LD 882 An Act To Limit Health Care Mandates

Carried Over

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RICHARDSON W		

This bill prohibits carriers from offering a health plan in this State on or after January 1, 2014 that exceeds the minimum essential benefits package determined in accordance with federal law. The bill also requires the Department of Professional and Financial Regulation, Bureau of Insurance to evaluate the minimum essential

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benefits package to be determined by the Secretary of the United States Department of Health and Human Services in comparison to existing mandated health insurance benefits required by state law. The bill directs the bureau to determine which mandated benefits are not included in the federal minimum essential benefits package and develop proposed legislation to eliminate those mandated benefits in state law. The bureau must submit its report within three months of the adoption of the minimum essential benefits package. The bill authorizes the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters to report out a bill based on the report to the First Regular Session of the 126th Legislature.

LD 882 was carried over to any special and/or regular session of the 125th Legislature pursuant to joint order, H.P. 1190.

LD 891 An Act To Amend the Maine Consumer Credit Code Regarding Interest PUBLIC 87 **Charged on Deferred Payments**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SNOWE-MELLO	OTP	

Under the Maine Consumer Credit Code, interest and costs are allowed to accrue in connection with a deferred first periodic payment only if the payment is deferred for no more than 90 days. This bill changes the limitation to 120 days.

Enacted Law Summary

Under the Maine Consumer Credit Code, interest and costs are allowed to accrue in connection with a deferred first periodic payment only if the payment is deferred for no more than 90 days. Public Law 2011, chapter 87 changes the limitation to 120 days.

LD 892 An Act To Establish an Insurance Fraud Division within the ACCEPTED **Department of Professional and Financial Regulation, Bureau of REPORT A** **Insurance (ONTP)**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SULLIVAN	ONTP MAJ OTP-AM MIN	

This bill establishes the Insurance Fraud Division within the Department of Professional and Financial Regulation, Bureau of Insurance. The bill requires insurers with knowledge or suspicion of fraudulent insurance acts to report those activities to the Superintendent of Insurance. The bill provides for the confidentiality of records relating to insurance fraud investigations in a manner similar to the provision of confidentiality under current state law for investigative and intelligence information in the possession of other law enforcement entities. The bill does permit the Insurance Fraud Division to share investigatory information with certain national and international agencies. The bill also extends the immunity provision in current law to certain communications between insurers with respect to fraudulent insurance acts.

Committee Amendment "A" (S-211)

This amendment replaces the bill. The amendment proposes substantially what the bill proposes but enacts a

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separate chapter that establishes the Insurance Fraud Division within the Department of Professional and Financial Regulation, Bureau of Insurance. The amendment requires insurers with knowledge or suspicion of fraudulent insurance acts to report those activities to the Insurance Fraud Division. The amendment provides for the confidentiality of records relating to insurance fraud investigations in a manner similar to the provision of confidentiality under current state law for investigative and intelligence information in the possession of other law enforcement entities. The amendment permits the Insurance Fraud Division to share investigatory information with certain state, municipal, national and international agencies. The amendment clarifies that the Insurance Fraud Division may be funded by an assessment on insurers. The amendment also adds an appropriations and allocations section to provide funds for the administration of the Insurance Fraud Division.

Committee Amendment "A" was not adopted.

LD 899 An Act To Disclose Insurance Policy Options to Senior Citizens ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VALENTINO PATRICK	ONTP	

This bill requires every insurer, insurance agent or insurance broker when selling, offering or renewing any insurance policy, plan, contract, certificate or benefit to a person 65 years of age or older to inform the person of any comparable government-offered or government-sponsored policy, plan, contract, certificate or benefit for which the person may qualify, such as Medicare.

LD 934 An Act To Reform the Dirigo Health Program ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCKANE THOMAS	ONTP	

This bill is a concept draft pursuant to Joint Rule 208. The bill proposes to reform the Dirigo Health Program established under the Maine Revised Statutes, Title 24-A, chapter 87.

LD 950 An Act To Exempt Health Care Sharing Ministries from Insurance Requirements PUBLIC 192

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
THIBODEAU	OTP-AM MAJ ONTP MIN	S-77

This bill exempts a health care sharing ministry from the definition of "health insurance" under the Maine Insurance Code.

Committee Amendment "A" (S-77)

The bill defines "health care sharing ministry" and exempts these ministries from regulation as insurers under the

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Maine Insurance Code. This amendment adds two additional requirements to that definition, requiring the health care sharing ministry to have been in existence since December 31, 1999 and requiring the health care sharing ministry to be audited annually by an independent certified public accountant and to make that annual audit available to the public upon request.

Enacted Law Summary

Public Law 2011, chapter 192 defines "health care sharing ministry" and exempts these ministries from regulation as insurers under the Maine Insurance Code.

LD 960 An Act To Ensure Payment to Tow Truck Operators for Towing from ONTP Accidents

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
O'BRIEN RECTOR	ONTP	

This bill requires a liability insurance policy under the motor vehicle financial responsibility laws to cover charges for towing a motor vehicle from the accident scene when towing is authorized or requested by a law enforcement officer or emergency medical services provider who is present at the accident scene.

LD 1010 An Act To Require an Insurance Company To Notify a Landlord When ONTP a Tenant Changes or Cancels a Residential Property Insurance Contract

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TUTTLE	ONTP	

This bill requires a landlord that is listed on a tenant's residential property insurance policy to be notified of any change to or the cancellation of that policy.

LD 1012 An Act To Require a Mortgagee To Provide the Original Release of PUBLIC 146 Mortgage to the Mortgagor after the Release Is Recorded

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RICHARDSON W	OTP-AM	H-202

This bill requires that, within 30 days after recording a release of a mortgage, the mortgagee must send the release by certified mail, return receipt requested, to the mortgagor's address as listed in the mortgage or to an address specified by the mortgagor for this purpose. A mortgagee who fails to provide the release to the mortgagor in the manner specified is liable to an aggrieved party for damages equal to exemplary damages of \$500.

Committee Amendment "A" (H-202)

This amendment requires that the mortgagee must send the release of mortgage within 30 days after receipt of the

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release from the registry of deeds rather than within 30 days of recording the release in the registry of deeds. The amendment also requires that the release be sent by first class mail to the mortgagor rather than by certified mail.

Enacted Law Summary

Public Law 2011, chapter 146 requires that, within 30 days after receipt of the release from the registry of deeds, the mortgagee must send the release by first class mail to the mortgagor's address as listed in the mortgage or to an address specified by the mortgagor for this purpose. A mortgagee who fails to provide the release to the mortgagor in the manner specified is liable to an aggrieved party for damages equal to exemplary damages of \$500.

LD 1030 An Act To Reduce Costs for Small Businesses

Carried Over

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
EVES BRANNIGAN		

This bill is a concept draft pursuant to Joint Rule 208. The bill proposes to establish subsidies, tax credits and other initiatives designed to lower the employer and employee costs of health insurance provided through small business owners to their employees. The bill would dedicate fees currently assessed on health insurers for funding affordable health care coverage to eligible small employers to fund the subsidies, tax credits and other initiatives proposed in the bill.

LD 1030 was carried over to any special and/or regular session of the 125th Legislature pursuant to joint order, H.P. 1190.

LD 1089 An Act To Require That Homeowner's Insurance Covers Rental Equipment

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARTIN T	ONTP	

This bill removes the exclusion of coverage under property insurance policies applicable to loss or damage to personal property used for commercial or industrial enterprises if the personal property is rental equipment.

LD 1162 An Act To Allow Members of Professional Associations To Purchase Health Insurance across State Lines

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VOLK SNOWE-MELLO	ONTP	

This bill enhances the availability of association group health plans issued in another state by removing the current restrictions on coverage.

While LD 1162 was voted "Ought Not to Pass", a related substantive provision permitting insurers authorized to

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transact individual health insurance in Connecticut, Massachusetts, New Hampshire or Rhode Island to offer health plans in Maine under certain conditions was included in LD 1333, An Act to Modify Rating Practices for Individual and Small Group Health Plans and to Encourage Value-based Purchasing of Health Care Services. See LD 1333, which was enacted as Public Law 2011, chapter 90.

LD 1175 An Act To Allow a Homeowner To Insure a Residence for Less than ONTP
Actual Cash Value

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FREDETTE	ONTP	

This bill allows a homeowner to insure the primary residence of the homeowner for an alternative insured value, which is no more than the actual cash value of the residence. It requires the execution of a rider that meets the requirements of the Superintendent of Insurance within the Department of Professional and Financial Regulation to indicate the homeowner's choice of insuring at the alternative insured value. It requires the superintendent to adopt routine technical rules to establish the approved form for the alternative insured value rider.

LD 1179 An Act To Require Advance Review and Approval of Certain Small Carried Over
Group Health Insurance Rate Increases and To Implement the
Requirements of the Federal Patient Protection and Affordable Care
Act

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GOODE BRANNIGAN		

Part A of the bill makes the rate review process for small group health insurance rates the same as the process for individual health insurance. Part A requires that, if a filing proposes an increase in rates in a small group health plan, the Superintendent of Insurance shall hold a hearing on the proposed rate increase at the request of the Attorney General. Part A makes it clear that in any hearings the burden of proving proposed rates are not excessive, inadequate or unfairly discriminatory is on the insurer. Part A also repeals the optional rate review process that permits small group health insurers that meet a minimum 78% medical loss ratio to file rates with the Department of Professional and Financial Regulations, Bureau of Insurance for informational purposes.

Part B of the bill amends the Maine Insurance Code to conform to the requirements of the federal Patient Protection and Affordable Care Act, Public Law 111-148. Part B also authorizes the Superintendent of Insurance to amend rules for consistency with the requirements of the federal law and any regulations adopted pursuant to that law.

LD 1179 was carried over to any special and/or regular session of the 125th Legislature pursuant to joint order, H.P. 1190.

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LD 1200 An Act To Authorize the Health Care Choice Compact To Permit the ONTP
Purchase of Health Insurance from New Hampshire

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCKANE SNOWE-MELLO	ONTP	

This bill authorizes the Health Care Choice Compact with New Hampshire pursuant to the federal Patient Protection and Affordable Care Act to allow insurers and health maintenance organizations authorized to transact individual health insurance in New Hampshire to offer their individual health plans for sale in this State. The bill requires New Hampshire insurers and health maintenance organizations to meet certain requirements of Maine law, including requirements for rating, provider network adequacy, disclosure, reporting and grievance procedures. The bill provides that the Health Care Choice Compact becomes effective and binding upon the approval of the Secretary of the United States Department of Health and Human Services after legislative enactment in New Hampshire and this State except that individual health insurance policies, contracts and certificates may not be offered for sale pursuant to the compact before January 1, 2016.

While LD 1200 was voted "Ought Not to Pass", a related substantive provision permitting insurers authorized to transact individual health insurance in Connecticut, Massachusetts, New Hampshire or Rhode Island to offer health plans in Maine under certain conditions was included in LD 1333, An Act to Modify Rating Practices for Individual and Small Group Health Plans and to Encourage Value-based Purchasing of Health Care Services. See LD 1333, which was enacted as Public Law 2011, chapter 90.

LD 1215 An Act To Require Health Insurers To Provide Coverage for ONTP
Nutritional Wellness and Illness Prevention Measures and Products

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BOLAND JACKSON	ONTP	

The purpose of this bill is to improve health, reduce health care usage and costs and help prevent disease through nutritional wellness and illness prevention measures and allow for nonpharmacological health care alternatives for enrollees who choose them. The bill requires that health insurance policies provide coverage for nutritional wellness and illness prevention measures that are shown to be beneficial to the enrollee and are recommended by the enrollee's physician. The bill applies to all individual and group policies issued or renewed on or after January 1, 2012.

LD 1222 An Act To Promote Fairness in Negotiations between Health Insurance VETO
Carriers and Health Care Service Providers SUSTAINED

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TREAT BRANNIGAN	OTP	

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This bill prohibits the inclusion of so-called "most favored nation" clauses in the participation agreements between health insurance carriers and health care service providers.

Although LD 1222 was not enacted, a related bill, LD 1583, An Act to Provide Oversight in Certain Negotiations, was considered by the Legislature. See LD 1583.

LD 1229 An Act To Require Health Insurance Coverage for Hearing Aids for Adults ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WEBSTER	ONTP	

This bill requires health insurance coverage of hearing aids for persons over 18 years of age.

LD 1233 An Act To Prohibit Enforcement by a Federal or State Official of the Federal Patient Protection and Affordable Care Act MAJORITY (ONTP) REPORT

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY SHERMAN	ONTP MAJ OTP-AM MIN	

This bill expresses the findings of the Legislature that the federal Patient Protection and Affordable Care Act, signed into law by President Barack Obama on March 23, 2010, is in violation of the United States Constitution, Amendment X and, as such, is considered null and void in Maine. This bill prohibits a federal or state official, agent or employee from enforcing the federal Patient Protection and Affordable Care Act, or any other statute, law, rule, regulation or order made in connection with that Act. Violation by a federal official is a Class C crime, punishable by up to five years in prison and a fine of up to \$5,000. Violation by a state official is a Class D crime, punishable by less than one year in jail and a fine of up to \$2,000. The bill also allows a civil cause of action.

Committee Amendment "A" (H-432)

This amendment is the minority report of the committee. The amendment adds an appropriations and allocations section to the bill to provide funds for the Correctional Impact Reserve program to support an anticipated increase in correctional costs.

Committee Amendment "A" was not adopted.

LD 1239 An Act To Further Expand Access to Oral Health Care by Requiring Insurance Coverage for Services Performed by Denturists ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SHAW SNOWE-MELLO	ONTP	

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This bill requires dental insurers and health insurers and health maintenance organizations that include coverage for dental services in their policies and contracts to provide coverage for dental services performed by a dentist if those services would be covered under the policy or contract and those services are within the lawful scope of practice of the dentist. The bill applies to all individual and group policies and contracts issued or renewed on or after January 1, 2012.

**LD 1243 Resolve, To Direct the Bureau of Consumer Credit Protection To
Recommend Changes to Credit Reporting Laws Concerning Paid Debts**

RESOLVE 34

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GOODALL	OTP	

This resolve directs the Department of Professional and Financial Regulation, Bureau of Consumer Credit Protection to review the credit reporting debt collection laws specifically concerning debtors whose credit reports do not correctly reflect the payment of debt. The bureau is directed to submit its findings, recommendations and suggested legislation to the Joint Standing Committee on Insurance and Financial Services, which is authorized to submit a bill to the Second Regular Session of the 125th Legislature.

Enacted Law Summary

Resolve 2011, chapter 34 directs the Department of Professional and Financial Regulation, Bureau of Consumer Credit Protection to review the credit reporting debt collection laws specifically concerning debtors whose credit reports do not correctly reflect the payment of debt. The bureau is directed to submit its findings, recommendations and suggested legislation to the Joint Standing Committee on Insurance and Financial Services, which is authorized to submit a bill to the Second Regular Session of the 125th Legislature.

LD 1251 An Act To Prevent Credit Card Company Unfair Trade Practices

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ROSEN R	ONTP	

This bill prohibits electronic payment systems from imposing certain restrictions on merchants relating to the acceptance of credit cards, charge cards, debit cards or other stored-value cards as payment for goods and services.

LD 1279 An Act Relating to Qualified Financial Contracts by Domestic Insurers

PUBLIC 107

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RICHARDSON W	OTP	H-128 RICHARDSON W

This bill conforms the chapter in the Maine Insurance Code regarding delinquent insurers to Section 711 of the National Association of Insurance Commissioners Insurer Receivership Model Act regarding netting of qualified

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financial contracts by insurers who have been placed in rehabilitation or liquidation. This bill also adds two related definitions from the model act to that chapter.

House Amendment "A" (H-128)

This amendment corrects one cross-reference and adds another.

Enacted Law Summary

Public Law 2011, chapter 107 conforms the chapter in the Maine Insurance Code regarding delinquent insurers to Section 711 of the National Association of Insurance Commissioners Insurer Receivership Model Act regarding netting of qualified financial contracts by insurers who have been placed in rehabilitation or liquidation.

LD 1301 An Act To Amend the Laws Governing Security Deposits of Workers' Compensation Self-insurers

PUBLIC 180

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WHITTEMORE	OTP	

This bill specifies that an employer that is a self-insurer of workers' compensation benefits may deposit cash, satisfying securities, irrevocable standby letters of credit issued by qualified financial institutions or a surety bond with the Superintendent of Insurance, rather than the Workers' Compensation Board as in current law, in partial fulfillment of the requirements for self-insurers. It also allows the Superintendent of Insurance to maintain possession of irrevocable standby letters of credit issued by qualified financial institutions and surety bonds.

Enacted Law Summary

Public Law 2011, chapter 180 specifies that an employer that is a self-insurer of workers' compensation benefits may deposit cash, satisfying securities, irrevocable standby letters of credit issued by qualified financial institutions or a surety bond with the Superintendent of Insurance, rather than the Workers' Compensation Board as in current law, in partial fulfillment of the requirements for self-insurers. The law also allows the Superintendent of Insurance to maintain possession of irrevocable standby letters of credit issued by qualified financial institutions and surety bonds.

LD 1326 An Act To Allow School Administrative Units To Seek Less Expensive Health Insurance Alternatives

PUBLIC 395

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SARTY WHITTEMORE	OTP-AM MAJ OTP-AM MIN	H-429

This bill allows school administrative units to offer group self-insurance health and dental programs and to enter into cooperative agreements with other school administrative units or municipalities to provide such programs.

The bill provides that school administrative units may arrange for and offer a choice of optional health or dental insurance plans to employees and their families that may vary in benefits provided and costs.

The bill also requires insurers, health maintenance organizations and nonprofit hospital or medical service organizations to provide information concerning a school administrative unit's own experience and claims history as

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a member covered under a group policy or contract to that school administrative unit at that unit's own request and to a municipality that is part of the school administrative unit if the municipality so requests.

Committee Amendment "A" (H-429)

This amendment is the majority report of the committee. The amendment clarifies that any group self-insurance program for health benefits established by a school administrative unit with other school administrative units or municipalities through an interlocal agreement must be approved as a multiple-employer welfare arrangement pursuant to the Maine Revised Statutes, Title 24-A, chapter 81. The amendment also removes provisions of the bill relating to the release of loss information and replaces them with a provision that allows an individual school administrative unit to request from its insurer loss information on its employees pursuant to the Maine Insurance Code as part of the competitive bidding process in procuring health insurance for the unit's employees and requires the insurer to release that loss information.

Committee Amendment "B" (H-430)

This amendment is the minority report of the committee and replaces the bill. The amendment allows an individual school administrative unit to request from its insurer loss information related to all employees and retirees and their dependents covered under the insurer's policy issued to school administrative units on a statewide basis.

Committee Amendment "B" was not adopted.

Enacted Law Summary

Public Law 2011, chapter 395 allows school administrative units to offer group self-insurance health and dental programs and to enter into cooperative agreements with other school administrative units or municipalities to provide such programs. The law provides that school administrative units may arrange for and offer a choice of optional health or dental insurance plans to employees and their families that may vary in benefits provided and costs.

Public Law 2011, chapter 395 also allows an individual school administrative unit to request from its insurer loss information on its employees pursuant to the Maine Insurance Code as part of the competitive bidding process in procuring health insurance for the unit's employees and requires the insurer to release that loss information.

LD 1333 An Act To Modify Rating Practices for Individual and Small Group Health Plans and To Encourage Value-based Purchasing of Health Care Services

PUBLIC 90

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RICHARDSON W	OTP-AM MAJ ONTP MIN	H-186 S-96 DIAMOND S-99 SCHNEIDER

This bill gradually modifies the community rating provisions for individual and small group health plans. It expands in three increments the rating bands from the current ratio of 1.5:1 to 3:1 by January 1, 2014.

The bill allows health insurance carriers to provide financial incentives to members for health care services except for emergency care services. The bill maintains the requirement that health plans must provide reasonable access to services for all members. It allows plans to provide financial incentives to members to reward providers for quality and efficiency. A carrier must submit annual data to the Superintendent of Insurance showing the impact of such financial incentives on premiums paid by enrollees, payments made to providers, quality of care received and access

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to health care services by individuals enrolled in health plans.

Committee Amendment "A" (H-186)

This amendment is the majority report of the committee and replaces the bill.

Part A makes the following changes to the community rating laws for individual and small group health insurance:

1. It changes the maximum rate differential for individual health plans on the basis of age from 1.5:1 to 5:1. The changes in rating for individual health plans are phased in over a period of four years;
2. It changes the maximum rate differential for small group health plans on the basis of age from 1.5:1 to 5:1. The changes in rating for small group health plans are phased in over a period of four years;
3. It authorizes a maximum rate differential on the basis of smoking status from 1.5:1; and
4. It allows rating on the basis of geographic area outside of the rating bands for age.

Part B modifies the laws relating to guaranteed issuance in the individual health insurance market to permit carriers to reinsure coverage offered to certain individuals identified using a health statement. Carriers are prohibited from using health status for any other purpose. Part B also creates the Maine Guaranteed Access Reinsurance Association. The purpose of the association is to provide reinsurance to spread the cost of certain individuals among all health insurers. The amendment funds the guaranteed access reinsurance through an assessment on insurers.

Part C permits insurers authorized to transact individual health insurance in Connecticut, Massachusetts, New Hampshire or Rhode Island to offer their individual health plans for sale in this State if certain requirements of Maine law are met, including minimum capital and surplus and reserve requirements, disclosure and reporting requirements and grievance procedures. If out-of-state health plans are offered for sale in this State, the amendment requires that prospective enrollees be provided adequate disclosure in a format approved by the Superintendent of Insurance of how the plans differ from Maine health plans. Part C also permits domestic insurers or licensed health maintenance organizations to offer individual health plans of a parent or corporate affiliate licensed to transact individual health insurance in Connecticut, Massachusetts, New Hampshire or Rhode Island if similar requirements are met. It also permits domestic insurers and licensed health maintenance organizations to offer plans equivalent to any plans offered by a regional insurer. Individual health insurance policies, contracts and certificates may not be offered for sale in this State pursuant to these provisions before January 1, 2014.

Part D adopts the definition of medical loss ratio in federal law and the minimum medical loss ratio requirements of federal law. Part D also allows individual health insurance rates to be filed for informational purposes without prior approval by the Department of Professional and Financial Regulation, Bureau of Insurance if the insurer maintains a minimum 80% medical loss ratio.

Part E repeals the State Health Plan and the Advisory Council on Health Systems Development.

Part F repeals the geographic access standards. Part F repeals the authorization for the Superintendent of Insurance to establish standardized individual health plans by rule. Part F also permits insurers offering group health insurance to notify affected policyholders of a rate increase electronically as well as by mail. Part F clarifies that preauthorizations are not benefit modifications requiring prior approval of the Bureau of Insurance and authorizes health maintenance organizations to offer deductibles in excess of \$1,000. Part F also clarifies that participation in the individual market is voluntary by removing the requirement that health maintenance organizations offering group coverage also offer individual coverage.

Part G authorizes the renewal of short-term health insurance policies for a period not to exceed 24 months instead of the current 12 months.

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Part H provides a tax credit to employers of 20 or fewer employees for the expense of developing, instituting and maintaining wellness programs for their employees in the amount of \$100 per employee, up to a maximum of \$2,000. A wellness program includes programs for behavior modification, such as smoking cessation programs, equipping and maintaining an exercise facility and providing incentive awards to employees who exercise regularly.

Part I amends the chapter of the Maine Insurance Code governing captive insurance companies. The amendment clarifies that, in the event of any conflict between the provisions of other state insurance laws and the provisions of the laws governing captive insurance companies, the provisions of the captive insurance company laws control, except that a captive insurance company insuring health risks may not provide individual health insurance and, if it insures health risks of employers, a captive insurance company must comply with the same requirements of community rating, guaranteed issuance and renewal and mandated benefit laws applicable to small group health insurers. Part I permits an association captive insurance company to require its members to be jointly and severally liable for its health insurance obligations and to meet financial obligations and wellness criteria established in a plan of operation and provides solvency standards applicable to such captives. The amendment would require the Superintendent of Insurance to issue a license to an association captive insuring health risks for an association captive insurance company that requires its members to be jointly and severally liable and has an aggregate net worth of more than \$100,000,000 and meets the requirements of the captive insurance law. Part I also specifies that rules related to captive insurance companies are major substantive rules.

Part J corrects cross-references and deletes references in statute to the Governor's Office of Health Policy and Finance, originally established in 2003 by executive order.

Part K adds an appropriations and allocations section.

House Amendment "A" To Committee Amendment "A" (H-191)

This amendment makes the following changes to Committee Amendment "A."

1. It changes the maximum rate differential for individual health plans on the basis of age and geographic area from 1.5:1 to 3:1 effective January 1, 2014. The committee amendment expands the rating bands to 5:1 over a period of four years.
2. It changes the maximum rate differential for small group health plans on the basis of age, geographic area and occupation and industry from 1.5:1 to 3:1 effective January 1, 2014.
3. It includes rating on the basis of geographic area inside of the rating bands for age instead of allowing rating outside of the bands.

The changes made to community rating by this amendment take effect only if the health insurance exchange established by the federal Patient Protection and Affordable Care Act is fully operational and subsidies are available.

The amendment specifies that three of the members of the Board of Directors of the Maine Guaranteed Access Reinsurance Association must represent consumer advocacy organizations in the field of health policy and reduces the insurer members from five to four. The amendment also requires the Superintendent of Insurance to determine the assessment amount paid by insurers to fund the association after an actuarial study through rules adopted no later than January 1, 2012. The amendment designates the rules as major substantive.

The amendment removes Part E of the committee amendment, which repeals the State Health Plan and the Advisory Council on Health Systems Development.

The amendment also changes cross-references to reflect the changes made by this amendment to Committee Amendment "A."

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House Amendment "A" to Committee Amendment "A" was not adopted.

Senate Amendment "C" To Committee Amendment "A" (S-83)

Committee Amendment "A" repeals the requirement that standards adopted by rule ensure geographical and transportation access to health care providers. This amendment eliminates the repeal.

Senate Amendment "C" to Committee Amendment "A" was not adopted.

Senate Amendment "A" To Committee Amendment "A" (S-81)

This amendment restores the State Health Plan and the Advisory Council on Health Systems Development, which are being repealed in Committee Amendment "A," and corrects cross-references to reflect these changes.

Senate Amendment "A" to Committee Amendment "A" was not adopted.

Senate Amendment "D" To Committee Amendment "A" (S-84)

This amendment eliminates authorization for the Maine Guaranteed Access Reinsurance Association to impose a health assessment on insurers and eliminates the authorization for the association to borrow funds.

Senate Amendment "D" to Committee Amendment "A" was not adopted.

Senate Amendment "G" To Committee Amendment "A" (S-92)

Committee Amendment "A" changes the laws governing community rating for individual and small group health insurance as they relate to age, smoking status and geographic area. This amendment eliminates the changes relating to geographic area, thus including rating on the basis of geographic area inside of the rating bands for age instead of allowing rating outside of the bands.

Senate Amendment "G" to Committee Amendment "A" was not adopted.

Senate Amendment "E" To Committee Amendment "A" (S-85)

This amendment permits insurers and health maintenance organizations authorized to transact individual health insurance in Vermont to offer their individual health plans for sale in this State if certain requirements of Maine law are met. It also permits domestic insurers and licensed health maintenance organizations to offer individual health plans of a parent or corporate affiliate licensed to transact individual health insurance in Vermont if similar requirements are met.

Senate Amendment "E" to Committee Amendment "A" was not adopted.

Senate Amendment "B" To Committee Amendment "A" (S-82)

This amendment makes the following changes to Committee Amendment "A."

1. It changes the maximum rate differential for individual health plans on the basis of age and geographic area from 1.5:1 to 3:1 effective January 1, 2014. The committee amendment expands the rating bands to 5:1 over a period of four years.
2. It changes the maximum rate differential for small group health plans on the basis of age, geographic area and occupation and industry from 1.5:1 to 3:1 effective January 1, 2014.
3. It includes rating on the basis of geographic area inside of the rating bands for age instead of allowing rating outside of the bands.

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The changes made to community rating by this amendment take effect only if the health insurance exchange established by the federal Patient Protection and Affordable Care Act is fully operational and subsidies are available.

The amendment specifies that three of the members of the Board of Directors of the Maine Guaranteed Access Reinsurance Association must represent consumer advocacy organizations in the field of health policy and reduces the insurer members from five to four. The amendment also requires the Superintendent of Insurance to determine the assessment amount paid by insurers to fund the association after an actuarial study through rules adopted no later than January 1, 2012. The amendment designates the rules as major substantive.

The amendment removes Part E of the committee amendment, which repeals the State Health Plan and the Advisory Council on Health Systems Development.

The amendment also changes cross-references to reflect the changes made by this amendment to Committee Amendment "A."

Senate Amendment "B" to Committee Amendment "A" was not adopted.

Senate Amendment "F" To Committee Amendment "A" (S-91)

This amendment incorporates the substance of Senate Amendment "B" to Committee Amendment "A" (S-82), which makes the following changes to Committee Amendment "A."

1. It changes the maximum rate differential for individual health plans on the basis of age and geographic area from 1.5:1 to 3:1 effective January 1, 2014. The committee amendment expands the rating bands to 5:1 over a period of four years.
2. It changes the maximum rate differential for small group health plans on the basis of age, geographic area and occupation and industry from 1.5:1 to 3:1 effective January 1, 2014.
3. It includes rating on the basis of geographic area inside of the rating bands for age instead of allowing rating outside of the bands. The changes made to community rating by this amendment take effect only if the health insurance exchange established by the federal Patient Protection and Affordable Care Act is fully operational and subsidies are available.
4. It specifies that three of the members of the Board of Directors of the Maine Guaranteed Access Reinsurance Association must represent consumer advocacy organizations in the field of health policy and reduces the insurer members from five to four. The amendment also requires the Superintendent of Insurance to determine the assessment amount paid by insurers to fund the association after an actuarial study through rules adopted no later than January 1, 2012. The amendment designates the rules as major substantive.
5. It removes Part E of the committee amendment, which repeals the State Health Plan and the Advisory Council on Health Systems Development.
6. It changes cross-references to reflect the changes made by this amendment to Committee Amendment "A." This amendment also removes those sections in Part F of the committee amendment that repeal geographic access standards.

Senate Amendment "F" to Committee Amendment "A" was not adopted.

Senate Amendment "H" To Committee Amendment "A" (S-96)

This amendment makes changes to Committee Amendment "A" as follows.

1. The amendment restricts rating in the individual and small group market on the basis of geographic area using

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language previously enacted to a rating factor of 1.5 instead of allowing rating on the basis of geographic area outside of the age rating band.

2. The amendment clarifies that the expansion of the rating bands in the individual and small group market to four to one and five to one is allowed to the extent permitted by the federal Patient Protection and Affordable Care Act.

3. The amendment clarifies that carriers offering managed care plans may provide incentives to members to use designated providers based on cost or quality, but may not require members to use designated providers of health care services.

4. The amendment makes technical changes and corrections.

Senate Amendment "I" To Committee Amendment "A" (S-99)

This amendment caps the additional assessment to cover net losses by the reinsurance pool at \$2 per month per covered person enrolled in medical insurance.

Senate Amendment "J" To Committee Amendment "A" (S-100)

This amendment specifies that a member may not be required to travel more than 60 miles for specialty care or 30 miles for primary care.

Senate Amendment "J" to Committee Amendment "A" was not adopted.

House Amendment "F" To Committee Amendment "A" (H-235)

The amendment incorporates the substance of Senate Amendment "H" to Committee Amendment "A" (S-96), except that this amendment retains current law pertaining to geographic access standards.

House Amendment "F" to Committee Amendment "A" was not adopted.

House Amendment "D" To Committee Amendment "A" (H-232)

Committee Amendment "A" creates the Maine Guaranteed Access Reinsurance Association, which is authorized to assess each insurer an amount not to exceed \$4 per month per enrollee, and an unspecified additional amount to cover net losses. This amendment eliminates the association's authority to impose the health assessment. In addition, this amendment eliminates the authorization for the association to borrow funds.

House Amendment "D" to Committee Amendment "A" was not adopted.

House Amendment "B" To Committee Amendment "A" (H-230)

This amendment makes the following changes to Committee Amendment "A."

1. It specifies that three of the members of the Board of Directors of the Maine Guaranteed Access Reinsurance Association must represent consumer advocacy organizations in the field of health policy and reduces the insurer members from five to four.

2. It removes Part E of the committee amendment, which repeals the State Health Plan and the Advisory Council on Health Systems Development.

3. It also changes cross-references to reflect the changes made by this amendment to Committee Amendment "A."

House Amendment "B" to Committee Amendment "A" was not adopted.

House Amendment "C" To Committee Amendment "A" (H-231)

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This amendment specifies that three of the members of the Board of Directors of the Maine Guaranteed Access Reinsurance Association must represent consumer advocacy organizations in the field of health policy and reduces the insurer members from five to four.

House Amendment "C" to Committee Amendment "A" was not adopted.

House Amendment "G" To Committee Amendment "A" (H-236)

Committee Amendment "A" changes the laws governing community rating for individual and small group health insurance as they relate to age, smoking status and geographic area. This amendment eliminates the changes relating to geographic area, thus including rating on the basis of geographic area inside of the rating bands for age instead of allowing rating outside of the bands. This amendment further restricts rating on the basis of geographic area within the bands to a factor of 1.5.

House Amendment "G" to Committee Amendment "A" was not adopted.

House Amendment "E" To Committee Amendment "A" (H-234)

This amendment permits insurers and health maintenance organizations authorized to transact individual health insurance in Vermont to offer their individual health plans for sale in this State if certain requirements of Maine law are met. It also permits domestic insurers and licensed health maintenance organizations to offer individual health plans of a parent or corporate affiliate licensed to transact individual health insurance in Vermont if similar requirements are met.

House Amendment "E" to Committee Amendment "A" was not adopted.

House Amendment "H" To Committee Amendment "A" (H-240)

This amendment makes the following changes to Committee Amendment "A."

It includes rating on the basis of geographic area inside of the rating bands for age instead of allowing rating outside of the bands and limits rating on the basis of geographic area to a rating factor of 1.5.

The amendment specifies that three of the members of the Board of Directors of the Maine Guaranteed Access Reinsurance Association must represent consumer advocacy organizations in the field of health policy and reduces the insurer members from five to four. The amendment also requires the Superintendent of Insurance to determine the assessment amount paid by insurers to fund the association after an actuarial study through rules adopted no later than January 1, 2012. The amendment designates the rules as major substantive.

The amendment requires the Maine Guaranteed Access Reinsurance Association to provide subsidies for individuals to mitigate the impact of premium increases resulting from an expansion of the rating bands based on age and geographic area until subsidies are made available through the federal Affordable Care Act on or after January 1, 2014.

The amendment removes Part E of the committee amendment, which repeals the State Health Plan and the Advisory Council on Health Systems Development.

The amendment also changes cross-references to reflect the changes made by this amendment to Committee Amendment "A."

House Amendment "H" to Committee Amendment "A" was not adopted.

Enacted Law Summary

Part A of Public Law 2011, chapter 90 makes the following changes to the community rating laws for

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individual health plans beginning July 1, 2012 and for small group health plans beginning October 1, 2011.

1. It changes the maximum rate differential for individual health plans on the basis of age from 1.5:1 to 5:1. The changes in rating for individual health plans are phased-in over a period of four years. On July 1, 2012, the rating band expands from 1.5:1 to 3:1. To the extent permitted by the federal Affordable Care Act, the rating bands expand to 4:1 on January 1, 2014 and to 5:1 on January 1, 2015.
2. It changes the maximum rate differential for small group health plans on the basis of age and occupation or industry from 1.5:1 to 5:1. The changes in rating for small group health plans are phased-in over a period of five years. The rating band expands from 1.5:1 to 2:1 on October 1, 2011; from 2:1 to 2.5:1 on January 1, 2013; and from 2.5:1 to 3:1 on January 1, 2014. To the extent permitted by the federal Affordable Care Act, the rating bands expand to four to one on January 1, 2015 and to five to one on January 1, 2016.
3. It authorizes a maximum rate differential on the basis of smoking status, or tobacco use, from 1.5:1 for both individual and small group health plans.
4. It allows rating on the basis of geographic area outside of the rating bands for age for both individual and small group health plans, but prohibits carriers from using a rating factor for geographic area that exceeds 1.5.
5. It allows carriers to close their book of business and establish a separate community rate for individuals and small groups applying for coverage after the expanded rating bands take effect.

Part B modifies the laws relating to guaranteed issuance in the individual health insurance market to permit carriers to reinsure coverage under individual health plans. The law maintains the guaranteed issuance requirement for individual health plans. Part B creates the Maine Guaranteed Access Reinsurance Association for the purpose of providing reinsurance to spread the cost of certain individuals among all health insurers. The Maine Guaranteed Access Reinsurance Association is a nonprofit legal entity governed by an 11-member board of directors. For individual health plans issued on or after July 1, 2012, carriers may evaluate the health status of an individual only for the purposes of designating that individual for reinsurance using a health statement developed by the Maine Guaranteed Access Reinsurance Association. Carriers are required to pay premiums to the association for those individuals designated for reinsurance. Under the law, the association must reimburse carriers for claims of a person designated for reinsurance once the claims for that person exceed \$7,500 in a calendar year. The association is required to reimburse the carrier for 90% of the next \$25,000 in claims and for 100% of the claims that exceed \$32,500 in a calendar year. In addition to the premiums paid for reinsurance by carriers offering individual health plans, the association is funded through an assessment paid by all insurers that have issued or administered medical insurance in the State within the previous 12 months or are actively marketing or administering medical insurance in the State. The association shall assess insurers in an amount not to exceed \$4 per month per covered person enrolled in medical insurance, except that an insurer may not be assessed on policies or contracts covering federal or state employees. The law authorizes the association to charge an additional assessment to cover net losses of the association but limits that additional assessment to no more than \$2 per month per covered person. Part B of the law also authorizes an insurer that sold individual health plans to covered persons between December 1, 1993 and July 1, 2012 to seek reimbursement for claims paid on a calendar year basis after July 1, 2012 for those covered persons if the insurer is able to determine through the use of a health statement or claims history that the person would have been designated by the insurer for reinsurance.

Part C permits insurers and health maintenance organizations authorized to transact individual health insurance in Connecticut, Massachusetts, New Hampshire or Rhode Island to offer their individual health plans for sale in this State if certain requirements of State law are met, including minimum capital and surplus and reserve requirements, disclosure and reporting requirements and grievance procedures. Prior to offering health plans

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for sale in this State, the law requires insurers to obtain a certification from the Superintendent of Insurance that the insurer or health maintenance organization meets these requirements. If regional health plans are offered for sale in this State, the law requires that prospective enrollees be provided adequate disclosure in a format approved by the Superintendent of Insurance of how the plans differ from Maine health plans. Part C also permits domestic insurers or licensed health maintenance organizations to offer individual health plans of a parent or corporate affiliate licensed to transact individual health insurance in Connecticut, Massachusetts, New Hampshire or Rhode Island if similar requirements are met. It also permits domestic insurers and licensed health maintenance organizations to offer plans equivalent to any plans offered by a regional insurer. Individual health insurance policies, contracts and certificates may not be offered for sale in this State by a regional insurer before January 1, 2014.

Part D adopts the definition of medical loss ratio in federal law and the minimum medical loss ratio requirements of federal law. Under the law, the minimum medical loss ratio for the large group market is 85% and the minimum medical loss ratio is 80% for the small group and individual market, except that the loss ratio in the individual market may be lower pursuant to a waiver from the federal Department of Health and Human Services in accordance with the federal Affordable Care Act. The law requires carriers to provide rebates in the large group, small group and individual market to the extent required by the federal Affordable Care Act if the carrier's medical loss ratio is less than the minimum medical loss ratio for that market. Part D also allows individual health insurance rates to be filed for informational purposes without prior approval by the Bureau of Insurance if the insurer meets the minimum 80% medical loss ratio standard unless rate review is required pursuant to the federal Affordable Care Act.

Part E repeals the State Health Plan and the Advisory Council on Health Systems Development. Part E also deletes all references in statute to the Governor's Office of Health Policy and Finance, originally established in 2003 by executive order.

Part F repeals the requirement that carriers provide reasonable access to health care services through its health plans in accordance with rules adopted by the Bureau of Insurance that establish geographic access standards. In its place, the law requires carriers offering managed care plans to provide its members reasonable access to health care services. The law allows carriers to provide incentives to members to use designated providers of health care services, but prohibits carriers from requiring members to use designated providers. The law repeals the provisions in current law allowing carriers and multiple-employer welfare arrangements to seek approval for a pilot program that would be exempt from the geographic access standards. Part F repeals the authorization for the Superintendent of Insurance to establish standardized individual health plans by rule. Part F also permits insurers offering group health insurance to notify affected policyholders of a rate increase electronically as well as by mail. Part F clarifies that pre-authorizations are not benefit modifications requiring prior approval of the Bureau of Insurance and authorizes health maintenance organizations to offer deductibles in excess of \$1000.

Part G authorizes the issuance and renewal of short-term health insurance policies for a combined term not to exceed 24 months.

Part H provides a tax credit to employers of 20 or fewer employees for the expense of developing, instituting and maintaining wellness programs for their employees in the amount of \$100 per employee, up to a maximum of \$2,000. A wellness program includes programs for behavior modification, such as smoking cessation programs, equipping and maintaining an exercise facility and providing incentive awards to employees who exercise regularly. The tax credit applies to tax years beginning on or after January 1, 2014.

Part I amends the chapter of the Maine Insurance Code governing captive insurance companies. The law clarifies that, in the event of any conflict between the provisions of other state insurance laws and the provisions

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of the laws governing captive insurance companies, the provisions of the captive insurance company laws control, except that a captive insurance company insuring health risks may not provide individual health insurance and, if it insures health risks of employers, a captive insurance company must comply with the same requirements of community rating, guaranteed issuance and renewal and mandated benefit laws applicable to small group health insurers. Part I permits an association captive insurance company to require its members to be jointly and severally liable for its health insurance obligations and to meet financial obligations and wellness criteria established in a plan of operation and provides solvency standards applicable to such captives. The law requires the Superintendent to issue a license to an association captive insuring health risks for an association captive insurance company that requires its members to be jointly and severally liable and has an aggregate net worth of more than \$100,000,000 and meets the requirements of the captive insurance law. Part I also designates that rules related to captive insurance companies are major substantive rules.

Part J corrects cross-references in the statutes as a result of the repeal of the State Health Plan, Advisory Council on Health Systems Development and the Governor's Office of Health Policy and Finance.

LD 1338 An Act To Amend the Maine Consumer Credit Code To Conform with Federal Law

PUBLIC 427

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WHITTEMORE	OTP-AM	S-311

This bill incorporates consumer protections found in federal law and regulation, including restrictions on credit card lending found in the federal Credit Card Accountability Responsibility and Disclosure Act of 2009 and the implementing provisions of federal Regulation Z, 12 Code of Federal Regulations, Section 226.1 et seq., adopted by reference in Truth-in-Lending; Maine's Regulation Z-2. It also amends the Maine Consumer Credit Code's truth-in-lending provisions based on authority granted by the federal Dodd-Frank Wall Street Reform and Consumer Protection Act. The bill amends sections of the Maine Consumer Credit Code relating to the registration of loan officers, since those provisions have been supplanted by new statutes governing the licensing of mortgage loan originators.

Committee Amendment "A" (S-311)

This amendment does the following.

The amendment replaces Part A of the bill. The amendment repeals Article 8 of the Maine Consumer Credit Code and enacts Article 8-A, which requires creditors to comply with federal truth-in-lending laws and regulations. The amendment also retains provisions in current state law that provide more protection for consumers than federal law and makes those provisions applicable only to nondepository lenders. The retained provisions are not applicable to state-chartered financial institutions and credit unions and the Maine State Housing Authority.

The amendment adds to Part B of the bill a definition of "mortgage loan originator" and permits adjustments in the licensing process for nonbank supervised lenders and loan brokers to allow regulators to continue to adopt the nationwide mortgage licensing system program for those entities.

The amendment adds Part C to the bill to require the Department of Professional and Financial Regulation, Bureau of Consumer Credit Protection to facilitate meetings and other communications among interested parties to evaluate and determine the ways in which the State's foreclosure prevention outreach and housing counseling program may be streamlined and made more efficient.

The amendment also adds Part D to the bill to correct cross-references.

Joint Standing Committee on Insurance and Financial Services

Enacted Law Summary

Public Law 2011, chapter 427 repeals Article 8 of the Maine Consumer Credit Code and enacts Article 8-A, which requires creditors to comply with federal truth-in-lending laws and regulations. The law retains provisions in current state law that provide more protection for consumers than federal law and makes those provisions applicable only to nondepository lenders. The retained provisions are not applicable to state-chartered financial institutions and credit unions and the Maine State Housing Authority.

Public Law 2011, chapter 427 amends the Maine Consumer Credit Code relating to the registration of loan officers, since those provisions have been supplanted by new statutes governing the licensing of mortgage loan originators, and permits adjustments in the licensing process for nonbank supervised lenders and loan brokers to allow regulators to continue to adopt the nationwide mortgage licensing system program for those entities.

Public Law 2011, chapter 427 also requires the Department of Professional and Financial Regulation, Bureau of Consumer Credit Protection to facilitate meetings and other communications among interested parties to evaluate and determine the ways in which the State's foreclosure prevention outreach and housing counseling program may be streamlined and made more efficient.

LD 1352 An Act To Implement the Requirements of the Federal Nonadmitted and Reinsurance Reform Act of 2010

**PUBLIC 331
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RICHARDSON W	OTP-AM	H-543

This bill amends surplus lines eligibility standards and nonadmitted insurance premium tax laws to conform to the requirements of the federal Nonadmitted and Reinsurance Reform Act of 2010. It authorizes the State Tax Assessor to enter into a multistate agreement as directed by federal law; transfers the administration of self-procured insurance premium taxes from the Department of Professional and Financial Regulation, Bureau of Insurance to the Department of Administrative and Financial Services, Maine Revenue Services; and makes conforming technical changes to other provisions of the surplus lines insurance and premium tax laws.

Committee Amendment "A" (H-543)

The amendment clarifies provisions in the bill by adopting explicit language from federal law rather than incorporating the federal law through cross-reference. The amendment clarifies that, in accordance with the federal Nonadmitted and Reinsurance Reform Act of 2010, Maine's surplus lines law pertains to those transactions when Maine is the home state of the applicant or the insured. The amendment clarifies that diligent search requirements generally required before coverage can be placed in the nonadmitted market do not apply to commercial purchasers defined as exempt from those requirements under federal law. The amendment adds definitions of several terms used within the surplus lines law. The amendment clarifies how United States insurers and non-United States insurers may become eligible surplus lines insurers.

The amendment also requires that the Department of Administrative and Financial Services, Maine Revenue Services consult with the Department of Professional and Financial Regulation, Bureau of Insurance and complete a fiscal analysis of the impact on the State's gross receipt of premium tax before entering into any multistate agreement with respect to the reporting, allocation and collection of surplus lines premium taxes on multistate risks. The amendment also requires that Maine Revenue Services consult with representatives of surplus lines insurers, admitted insurers and surplus lines producers when making a determination that entering into a multistate agreement is in the State's financial best interest and consistent with the federal Nonadmitted and Reinsurance Reform Act of 2010.

Joint Standing Committee on Insurance and Financial Services

Enacted Law Summary

Public Law 2011, chapter 331 amends surplus lines eligibility standards and nonadmitted insurance premium tax laws to conform to the requirements of the federal Nonadmitted and Reinsurance Reform Act of 2010. The law authorizes the State Tax Assessor to enter into a multistate agreement as directed by federal law with respect to the reporting, allocation and collection of surplus lines premium taxes on multistate risks. The law requires that the Department of Administrative and Financial Services, Maine Revenue Services consult with the Department of Professional and Financial Regulation, Bureau of Insurance and complete a fiscal analysis of the impact on the State's gross receipt of premium tax before entering into any multistate agreement and also requires that Maine Revenue Services consult with representatives of surplus lines insurers, admitted insurers and surplus lines producers when making a determination that entering into a multistate agreement is in the State's financial best interest and consistent with the federal Nonadmitted and Reinsurance Reform Act of 2010.

Public Law 2011, chapter 331 also transfers the administration of self-procured insurance premium taxes from the Department of Professional and Financial Regulation, Bureau of Insurance to the Department of Administrative and Financial Services, Maine Revenue Services and makes conforming technical changes to other provisions of the surplus lines insurance and premium tax laws consistent with federal law.

Public Law 2011, chapter 331 was enacted as an emergency measure effective June 14, 2011.

LD 1354 An Act To Require a Person To Carry Liability Insurance on a ONTP **Snowmobile**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BARTLETT	ONTP	

This bill applies to snowmobiles the same requirements for insurance and financial responsibility that apply to automobiles.

LD 1357 An Act To Exempt Certain Mortgage Loan Originators from Licensing ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CROCKETT	ONTP	

Current law requires a person who provides a loan secured by real property to be licensed as a mortgage loan originator; there are certain specified exemptions, including one for an individual who sells a dwelling that serves as the individual's residence. This bill adds another exemption for an individual who sells residential real estate to another individual who intends to construct a dwelling on that real estate for residential use.

See related bill, LD 290, An Act to Amend the Maine Secure and Fair Enforcement for Mortgage Lending Licensing Act of 2009, which was enacted as Public Law 2011, chapter 289.

Joint Standing Committee on Insurance and Financial Services

**LD 1397 An Act To Establish a Single-payor Health Care System To Be Effective
in 2017**

**MAJORITY
(ONTP) REPORT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PRIEST GERZOFSKY	ONTP MAJ OTP-AM MIN	

This bill establishes a universal access health care system that offers a choice of coverage through organized delivery systems or through a managed care system operated by the Maine Health Care Agency. The system becomes effective January 1, 2017 and is contingent on the approval of a waiver from the United States Department of Health and Human Services in accordance with the federal Patient Protection and Affordable Care Act.

1. Part A of the bill does the following.

It establishes the Maine Health Care Plan to provide security through high-quality, affordable health care for the people of the State. The plan will become effective and binding on the State upon the approval of a waiver from the United States Department of Health and Human Services. All residents and nonresidents who maintain significant contact with the State are eligible for covered health care services through the Maine Health Care Plan. The plan is funded by the Maine Health Care Trust Fund, a dedicated fund receiving payments from employers, individuals and plan members. The Maine Health Care Plan must conform to the minimum essential benefits required under federal law, but may require additional benefits within existing resources. Health care services under the Maine Health Care Plan are provided by participating providers in organized delivery systems and through the open plan, which is available to all providers. The plan is supplemental to other health care programs that may be available to plan members, such as Medicare, Medicaid, the federal Civilian Health and Medical Program of the Uniformed Services, the federal Indian Health Care Improvement Act and workers' compensation.

It establishes the Maine Health Care Agency to administer and oversee the Maine Health Care Plan, to act under the direction of the Maine Health Care Council and to administer and oversee the Maine Health Care Trust Fund. The Maine Health Care Council is the decision-making and directing council for the agency and is composed of three full-time appointees.

It directs the Maine Health Care Agency to establish programs to ensure quality, affordability, efficiency of care and health planning. The agency health planning program includes the establishment of global budgets for health care expenditures for the State and for institutions and hospitals. The health planning program also encompasses the certificate of need responsibilities of the agency pursuant to the Maine Revised Statutes, Title 22, chapter 103-A and the health planning responsibilities pursuant to Title 2, chapter 5.

It contains a directive to the State Controller to advance \$600,000 to the Maine Health Care Trust Fund on the effective date, January 1, 2017. This amount must be repaid by the Maine Health Care Agency by June 30, 2018.

2. Part B of the bill establishes the Maine Health Care Plan Transition Advisory Committee. Composed of 20 members, appointed by the Governor, President of the Senate and Speaker of the House of Representatives and subject to confirmation by the Legislature, the committee is charged with holding public hearings, soliciting public comments and advising the Maine Health Care Agency on the transition from the current health care system to the Maine Health Care Plan. Members of the committee serve without compensation but may be reimbursed for their expenses. The committee is directed to report to the Governor and to the Legislature every six months beginning July 1, 2017. The committee completes its work when the Maine Health Care Plan becomes effective.

3. Part C of the bill establishes the salaries of the members of the Maine Health Care Council and the executive

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director of the Maine Health Care Agency.

4. Part D of the bill prohibits the sale on the commercial market of health insurance policies and contracts that duplicate the coverage provided by the Maine Health Care Plan. It allows the sale of health care policies and contracts that do not duplicate and are supplemental to the coverage of the Maine Health Care Plan.
5. Part E of the bill directs the Maine Health Care Agency to ensure employment retraining for administrative workers employed by insurers and providers who are displaced by the transition to the Maine Health Care Plan. It directs the Maine Health Care Agency to study the delivery and financing of long-term care services to plan members. Consultation is required with the Maine Health Care Plan Transition Advisory Committee, representatives of consumers and potential consumers of long-term care services and representatives of providers of long-term care services, employers, employees and the public. A report by the committee to the Legislature is due January 1, 2018.

The Maine Health Care Agency is directed to study the provision of health care services under the MaineCare, Medicaid and Medicare programs, waivers, coordination of benefit delivery and compensation, reorganization of State Government necessary to accomplish the objectives of the Maine Health Care Agency and legislation needed to carry out the purposes of the bill. The agency is directed to apply for all waivers required to coordinate the benefits of the Maine Health Care Plan and the Medicaid and Medicare programs. A report by the agency is due to the Legislature by March 1, 2017.

6. Part F of the bill requires the Maine Health Care Agency to submit a request for a state waiver pursuant to federal law no later than March 1, 2017.
7. Part G clarifies that throughout the Maine Revised Statutes, the words "payer" and "payor" have the same meaning.
8. Part H establishes a 9% premium assessment on a resident's or eligible nonresident's federal adjusted gross income and dedicates that revenue to the Maine Health Care Trust Fund, except that those persons with federal adjusted gross incomes at or under 300% of the federal poverty level pay progressively lower premium assessments. Part H also defines a process for premium adjustment requests by the agency in order to operate in a fiscally responsible manner.

Committee Amendment "A" (H-431)

This amendment is the minority report. The amendment replaces the bill and changes it into a resolve. The amendment establishes the Maine Single-payor Health Care Plan Advisory Committee to advise the Legislature on the design and implementation of a single-payor health care plan in the State that is in compliance with the federal Patient Protection and Affordable Care Act.

Committee Amendment "A" was not adopted.

LD 1436 An Act To Reform Maine's Health Insurance Laws

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCKANE WHITEMORE	ONTP	

Part A of this bill makes the following changes to the community rating laws for individual and small group health insurance:

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1. It changes the maximum rate differential for individual health plans on the basis of age, health status and geographic area from 1.5:1 to 4:1; and
2. It changes the maximum rate differential for small group health plans on the basis of age, health status, occupation or industry and geographic area from 1.5:1 to 4:1.

Part B of the bill amends the laws relating to guaranteed issuance and renewal.

Part B also creates the Maine High-risk Reinsurance Pool Association. The purpose of the association is to provide reinsurance to spread the cost of high-risk individuals and small groups among all health insurers. The bill funds the high-risk reinsurance pool through an assessment on insurers.

While LD 1436 was voted "Ought Not to Pass", related substantive provisions making changes to the laws governing guaranteed issuance and renewal and community rating and establishing a reinsurance mechanism for individual health plans were included in LD 1333, An Act to Modify Rating Practices for Individual and Small Group Health Plans and to Encourage Value-based Purchasing of Health Care Services. See LD 1333, which was enacted as Public Law 2011, chapter 90.

LD 1452 An Act To Create the Maine Street Economic Development Bank

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RUSSELL	ONTP	

This bill establishes the Maine Street Economic Development Bank effective July 1, 2013 except that the bank may not make, purchase, guarantee, modify or hold loans until the bank has adequate capital of at least \$20,000,000. It specifies the purposes of the bank, establishes a board of directors and creates an advisory committee. It allows the bank to accept deposits of public funds, to make, purchase, guarantee, modify or hold certain loans and to serve as a custodian bank. It directs the Treasurer of State to deposit money into the bank in an amount the Treasurer of State determines is necessary to allow the bank to fulfill its duties. Excess income of the bank is deposited in the Maine Budget Stabilization Fund.

The bill provides for a quarterly examination by the Department of Professional and Financial Services, Bureau of Financial Institutions and an audit by the State Auditor every two years.

The bill directs the Treasurer of State and the Commissioner of Administrative and Financial Services to consult with the Attorney General and report to the Joint Standing Committee on Appropriations and Financial Affairs by January 15, 2012 with recommendations to fully implement the bank. It authorizes the Joint Standing Committee on Appropriations and Financial Affairs to report out a bill to the Second Regular Session of the 125th Legislature.

LD 1464 An Act To Establish Standards for Portable Electronic Device Insurance

PUBLIC 297

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SNOWE-MELLO	OTP-AM MAJ ONTP MIN	S-212

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This bill establishes portable electronic device insurance as a limited line of insurance and regulates its provision.

Committee Amendment "A" (S-212)

This amendment is the majority report of the committee and does the following.

1. It provides an exemption from required licensure as an insurance producer for persons who sell or offer portable electronic device insurance. The bill requires all employees or authorized representatives of a vendor to be licensed.
2. It adds definitions of "limited lines license" and "location" and makes clarifying changes to other definitions in the bill.
3. It clarifies that training for employees and representatives of a vendor selling or offering portable electronic device insurance may be conducted in electronic form and, if conducted in electronic form, the supervising entity shall implement a supplemental education program.
4. It removes the specific penalties imposed in the bill and authorizes the superintendent to impose penalties in accordance with current law. It also clarifies the authority of the superintendent to suspend the authority of a vendor to transact portable electronic device insurance for a violation.
5. It reduces the amount of time of the notice period after which an insurer may terminate or change the conditions of a policy of portable electronic device insurance from 60 days to 30 days.

Enacted Law Summary

Public Law 2011, chapter 297 establishes portable electronic device insurance as a limited line of insurance required to be licensed under the Maine Insurance Code and regulates the sale and marketing of portable electronic device insurance in this State.

LD 1497 An Act To Comply with the Health Insurance Exchange Provision of the Carried Over Patient Protection and Affordable Care Act

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCKANE WHITTEMORE		

This bill establishes the Maine Health Benefit Exchange pursuant to the federal Patient Protection and Affordable Care Act. The exchange is established as authorized by federal law to facilitate the purchase of health care coverage by individuals and small businesses. The bill requires coverage to be available through the exchange no later than January 1, 2014. The bill authorizes the use of an assessment or user fee on health insurance carriers to support the operations of the exchange.

LD 1497 was carried over to any special and/or regular session of the 125th Legislature pursuant to joint order, H.P. 1190.

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LD 1498 An Act To Phase Out Dirigo Health and Establish the Maine Health Benefit Exchange for Small Businesses and Individuals

Carried Over

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TREAT BRANNIGAN		

This bill repeals Dirigo Health effective January 1, 2014 and, in its place, establishes the Maine Health Benefit Exchange. The exchange is established as authorized by federal law to facilitate the purchase of health care coverage by individuals and small businesses. The bill requires coverage to be available through the exchange no later than January 1, 2014. Coverage of individuals and small businesses under the current Dirigo Health program will end on January 1, 2014 as coverage will transition to the exchange. The bill retains the Maine Quality Forum established within the Dirigo Health program and transfers its oversight to the exchange. The bill requires health insurance carriers and third-party administrators to pay an access payment on paid claims to support the operations of the exchange.

The bill makes changes to the Maine Insurance Code to preserve the authority of the Superintendent of Insurance to enforce the federal Patient Protection and Affordable Care Act. The bill also clarifies that the Superintendent of Insurance has oversight over health insurance plans offered through the Maine Health Benefit Exchange.

The bill also requires the Department of Professional and Financial Regulation, Bureau of Insurance to evaluate the minimum essential benefits package to be determined by the Secretary of the United States Department of Health and Human Services in comparison to existing mandated health insurance benefits required by state law. The bill directs the Bureau of Insurance to determine the projected cost impact of maintaining mandated benefits not included in the essential benefits package in qualified health plans made available through the exchange. The bureau must submit its report within three months of the adoption of the minimum essential benefits package.

LD 1498 was carried over to any special and/or regular session of the 125th Legislature pursuant to joint order, H.P. 1190.

LD 1507 An Act Regarding Service Contracts

PUBLIC 345

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CUSHING PLOWMAN	OTP-AM	H-544

This bill creates a statutory framework within which service contracts are defined and regulated by the Superintendent of Insurance. It provides that service contracts are not insurance and are not subject to the insurance laws. It includes consumer protections and eliminates unnecessary administration.

Committee Amendment "A" (H-544)

This amendment replaces the bill. The amendment creates a statutory framework within which service contracts are defined and regulated by the Superintendent of Insurance within the Maine Revised Statutes, Title 24-A. The bill allocates the statutory provisions to Title 10. The amendment provides that service contracts are not insurance and are not subject to the insurance laws, but prohibits the sale of service contracts in the State unless a service contract provider or administrator registers with the Superintendent of Insurance and meets the requirements set forth in the

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amendment. The amendment prohibits unfair or deceptive acts and practices in connection with the marketing, sale, offering for sale, issuance, making, proposing to make or administration or solicitation of a service contract and clarifies the enforcement authority of the Superintendent of Insurance with regard to violations. The amendment also makes changes to conform to the provisions of the National Association of Insurance Commissioners Service Contracts Model Act.

Enacted Law Summary

Public Law 2011, chapter 345 creates a statutory framework within which service contracts are defined and regulated by the Superintendent of Insurance within the Maine Revised Statutes, Title 24-A. The law provides that service contracts are not insurance and are not subject to the insurance laws, but prohibits the sale of service contracts in the State unless a service contract provider or administrator registers with the Superintendent of Insurance and meets certain statutory requirements. The law prohibits unfair or deceptive acts and practices in connection with the marketing, sale, offering for sale, issuance, making, proposing to make or administration or solicitation of a service contract and clarifies the enforcement authority of the Superintendent of Insurance with regard to violations. The law also makes changes to conform to the provisions of the National Association of Insurance Commissioners Service Contracts Model Act.

LD 1551 An Act To Clarify and Update the Laws Related to Health Insurance, Insurance Producer Licensing and Surplus Lines Insurance PUBLIC 238

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RICHARDSON W WHITTEMORE	OTP	

This bill makes the following changes to the laws governing insurance.

It provides protection to enrollees from balance billing by participating providers in all managed care plans.

It clarifies that a policy meeting both the definition of a group health policy and the description of a blanket policy is a group policy.

It clarifies that rates for blanket health policies must be filed for informational purposes.

It clarifies that short-term health insurance policies are not subject to guaranteed issue, guaranteed renewal or community rating.

It amends the definition of "federally creditable coverage" to eliminate a syntax problem that created an ambiguity.

It amends the guaranteed renewability laws to clarify that when a carrier ceases offering an individual or small group product, policyholders, and in some cases certificate holders, are offered the opportunity to purchase any other product the carrier offers to that market.

It corrects a cross-reference.

It eliminates the independent producer authority for resident and nonresident insurance producers.

Enacted Law Summary

Public Law 2011, chapter 238 makes the following changes to the laws related to health insurance.

1. It clarifies that enrollees may not be subject to balance billing by participating providers in all managed care

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plans offered by health insurers.

2. It clarifies that a policy meeting both the definition of a group health policy and the description of a blanket policy is a group health policy and clarifies that rates for blanket health policies must be filed for informational purposes.
3. It clarifies that short-term health insurance policies are not subject to guaranteed issue, guaranteed renewal or community rating provisions.
4. It amends the definition of "federally creditable coverage" to eliminate a syntax problem that created an ambiguity.
5. It amends the guaranteed renewability laws to clarify that when a carrier ceases offering an individual or small group product, policyholders, and in some cases certificate holders, are offered the opportunity to purchase any other product the carrier offers to that market.
6. It corrects a cross-reference.

Public Law 2011, chapter 238 also eliminates the independent producer authority for resident and nonresident insurance producers.

LD 1554 An Act To Implement the Requirements of the Federal Patient Protection and Affordable Care Act

PUBLIC 364

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RICHARDSON W	OTP-AM	H-545

This bill amends the state health insurance laws to incorporate changes to implement the requirements of the federal Patient Protection and Affordable Care Act adopted in 2010.

Committee Amendment "A" (H-545)

This amendment replaces the bill and does the following.

1. It retains provisions in the bill that amend the health insurance laws to incorporate changes to implement the requirements of the federal Patient Protection and Affordable Care Act.
2. It removes the provisions in the bill that are inconsistent with changes made in Public Law 2011, chapter 90 related to rating for individual and small group health plans.
3. It removes the provisions in the bill that define "Affordable Care Act" and conform state law to federal law relating to minimum medical loss ratios as these provisions are included in Public Law 2011, chapter 90.
4. It makes technical changes and adds cross-references.
5. It requires the Department of Professional and Financial Regulation, Bureau of Insurance to submit its proposed transitional reinsurance program and risk adjustment program and information related to the federal risk corridors program to the Legislature for review no later than January 1, 2013.

Enacted Law Summary

Joint Standing Committee on Insurance and Financial Services

Public Law 2011, chapter 364 amends the health insurance laws to incorporate changes to implement the requirements of the federal Patient Protection and Affordable Care Act.

**LD 1555 An Act To Eliminate the Waiting Period before Insurance Adjusters
May Offer Adjustment Services ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HASKELL GERZOFISKY	ONTP	

This bill repeals the provision of law that prohibits an insurance adjuster from soliciting or offering adjustment services to a person for at least 36 hours after an accident or occurrence for which that person may have a claim.

LD 1580 An Act To Further Improve Maine's Health Insurance Law INDEF PP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WHITTEMORE	OTP-AM	

This bill amends "An Act To Modify Rating Practices for Individual and Small Group Health Plans and To Encourage Value-based Purchasing of Health Care Services" to remove the exemption from assessment imposed on Legislators and their dependents, thus requiring insurers to pay the \$4 per month per person assessment for policies insuring Legislators and their dependents. The bill provides that insurers shall directly bill Legislators for the costs of the assessment.

While LD 1580 was indefinitely postponed, a related bill, LD 1587, An Act to Further Improve Maine's Health Insurance Laws, was introduced as a replacement. See LD 1587, which was enacted as Public Law 2011, chapter 452.

**LD 1582 Resolve, Creating the Advisory Committee on Maine's Health Insurance
Exchange RESOLVE 105
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>

This resolve is reported out pursuant to joint order by the Joint Standing Committee on Insurance and Financial Services. The resolve creates the Advisory Committee on Maine's Health Insurance Exchange. The charge of the advisory committee is to make recommendations to the Legislature and to the Governor on courses of action to ensure federal funding for the creation of a health insurance exchange and to provide draft enabling legislation for the creation of a health insurance exchange.

Enacted Law Summary

Resolve 2011, chapter 105 creates the Advisory Committee on Maine's Health Insurance Exchange. The charge

Joint Standing Committee on Insurance and Financial Services

of the advisory committee is to make recommendations to the Legislature and to the Governor on courses of action to ensure federal funding for the creation of a health insurance exchange and to provide draft enabling legislation for the creation of a health insurance exchange no later than September 1, 2011.

Resolve 2011, chapter 105 was enacted as an emergency measure effective July 6, 2011.

LD 1583 An Act To Provide Oversight in Certain Negotiations

PUBLIC 451

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RICHARDSON W	OTP-AM	H-662

This bill prohibits the inclusion of so-called "most favored nation" clauses in the participation agreements between health insurance carriers and health care service providers and authorizes the Superintendent of Insurance to waive this restriction upon finding that the inclusion of such a clause will not be anticompetitive. This bill also prohibits carriers from discriminating against providers for opposing requests for such waivers.

Committee Amendment "A" (H-662)

This amendment replaces the bill. Like the bill, the amendment prohibits the inclusion of so-called "most favored nation" clauses in the participation agreements between health insurance carriers and health care service providers and authorizes the Superintendent of Insurance to waive this restriction upon finding that the inclusion of such a clause will not be anticompetitive. This amendment also prohibits carriers and providers from taking discriminatory or retaliatory actions for filing or opposing requests for such waivers. This amendment clarifies that an applicant for a waiver may request a hearing and further clarifies that a decision of the superintendent may be appealed whether a hearing is held or not. The amendment also clarifies the factors that may be considered by the superintendent in determining whether the inclusion of a "most favored nation" clause is anticompetitive. The amendment also narrows the scope of the public records exception included in the bill. The amendment makes the bill apply to contracts executed or renewed on or after January 1, 2012.

Enacted Law Summary

Public Law 2011, chapter 451 prohibits the inclusion of so-called "most favored nation" clauses in the participation agreements between health insurance carriers and health care service providers, but also authorizes the Superintendent of Insurance to waive this restriction upon finding that the inclusion of such a clause in a participation agreement will not be anticompetitive. The law also prohibits carriers and providers from taking discriminatory or retaliatory actions for filing or opposing requests for such waivers. The law clarifies that an applicant for a waiver may request a hearing and further clarifies that a decision of the superintendent may be appealed whether a hearing is held or not. The law also specifies the factors that may be considered by the superintendent in determining whether the inclusion of a "most favored nation" clause in a participation agreement is anticompetitive.

Public Law 2011, chapter 451 applies to contracts executed or renewed on or after January 1, 2012.

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**LD 1587 An Act To Provide Further Improvements to Maine's Health Insurance
Law**

PUBLIC 452

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RICHARDSON W WHITTEMORE		

LD 1587 was introduced as a replacement to LD 1580 without reference to committee. The bill amends the law regarding rating practices for individual and small group health plans to remove the exemption from assessment for Legislators and their dependents, thus requiring insurers to pay an assessment for administrative costs of up to \$4 per month per person for policies insuring Legislators and their dependents and potential assessments of up to \$2 per month to cover any net loss. The amendment provides that Legislators shall pay for the amount of assessments and requires the assessments to be collected through payroll deduction.

Enacted Law Summary

Public Law 2011, chapter 452 amends Public Law 2011, chapter 90, "An Act To Modify Rating Practices for Individual and Small Group Health Plans and To Encourage Value-based Purchasing of Health Care Services" to remove the exemption from assessment imposed on Legislators and their dependents, thus requiring insurers to pay the \$4 per month per person assessment for policies insuring Legislators and their dependents and potential assessments of up to \$2 per month to cover any net loss. The law provides that Legislators shall pay the amount of the assessment and requires the assessments to be collected through payroll deduction.

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Not Enacted

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Not Enacted

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Enacted

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LD 1333	An Act To Modify Rating Practices for Individual and Small Group Health Plans and To Encourage Value-based Purchasing of Health Care Services	PUBLIC 90
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LD 60	An Act To Extend Coverage under the State's Mini-COBRA Law	MAJORITY (ONTP) REPORT
LD 226	An Act To Allow Maine Citizens To Buy Health Insurance across State Lines	ONTP
LD 364	Resolve, Directing Updated Review and Evaluation of Maine's Mental Health Parity Law	ONTP
LD 410	An Act To Repeal the Provisions in the Insurance Laws Governing Guaranteed Issue and Community Rating	ONTP
LD 455	Resolve, Directing the Superintendent of Insurance To Form a Compact with Other State Commissioners of Insurance on the Purchase of Insurance out of State	ONTP
LD 473	An Act To Enable Maine Residents To Purchase Health Insurance over State Lines	ONTP
LD 496	An Act To Amend the Laws Governing Financial Incentives and Geographic Accessibility of Services Covered by Health Insurance Providers	ONTP
LD 517	An Act Regarding Prescription Drug Step Therapy and Prior Authorization	ONTP
LD 519	Resolve, Directing the Bureau of Insurance To Study Legislators' Health Insurance Benefits Compared to the Health Insurance Benefits of Other Part-time and Seasonal Workers in the State	ONTP
LD 567	An Act To Prevent Insurer Limits on Certain Dental Fees	ONTP
LD 645	Resolve, To Replace Maine's Health Insurance System with the Type of System Used in New Hampshire	ONTP

LD 660	An Act To Clarify the Responsibilities of Pharmacy Benefits Managers and Preferred Provider Organizations	ONTP
LD 712	An Act To Expand Access to Clinical Trials	ONTP
LD 720	An Act To Mandate Insurance Coverage for Infertility Treatment	ONTP
LD 783	An Act To Amend the Laws Governing Captive Insurance Companies	ONTP
LD 844	An Act To Provide Affordable Health Insurance for Municipal and School Employees through Competition	ONTP
LD 858	An Act To Amend the Law Related to Multiple-employer Welfare Arrangements	ONTP
LD 882	An Act To Limit Health Care Mandates	Carried Over
LD 1030	An Act To Reduce Costs for Small Businesses	Carried Over
LD 1162	An Act To Allow Members of Professional Associations To Purchase Health Insurance across State Lines	ONTP
LD 1179	An Act To Require Advance Review and Approval of Certain Small Group Health Insurance Rate Increases and To Implement the Requirements of the Federal Patient Protection and Affordable Care Act	Carried Over
LD 1200	An Act To Authorize the Health Care Choice Compact To Permit the Purchase of Health Insurance from New Hampshire	ONTP
LD 1215	An Act To Require Health Insurers To Provide Coverage for Nutritional Wellness and Illness Prevention Measures and Products	ONTP
LD 1222	An Act To Promote Fairness in Negotiations between Health Insurance Carriers and Health Care Service Providers	VETO SUSTAINED
LD 1229	An Act To Require Health Insurance Coverage for Hearing Aids for Adults	ONTP
LD 1239	An Act To Further Expand Access to Oral Health Care by Requiring Insurance Coverage for Services Performed by Denturists	ONTP
LD 1397	An Act To Establish a Single-payor Health Care System To Be Effective in 2017	MAJORITY (ONTP) REPORT
LD 1436	An Act To Reform Maine's Health Insurance Laws	ONTP
LD 1497	An Act To Comply with the Health Insurance Exchange Provision of the Patient Protection and Affordable Care Act	Carried Over
LD 1498	An Act To Phase Out Dirigo Health and Establish the Maine Health Benefit Exchange for Small Businesses and Individuals	Carried Over

Insurance, Motor Vehicle

Enacted

LD 527	An Act To Bring Maine's Minimum Financial Responsibility Laws Pertaining to Rental Vehicles into Conformity with Privately Owned Vehicles	PUBLIC 78
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Not Enacted

LD 53	An Act To Extend Fair Trade Practice to Automobile Rentals Provided When Insured Automobiles Are Damaged	ONTP
LD 125	An Act To Raise the Required Minimum Limits for Motor Vehicle Insurance	ONTP
LD 295	An Act To Require Insurance Companies To Disclose the Option To Purchase Higher Amounts of Coverage for Automobile Liability Insurance	ONTP
LD 672	An Act To Provide Reasonable Uninsured Motorist Coverage	ONTP
LD 960	An Act To Ensure Payment to Tow Truck Operators for Towing from Accidents	ONTP

Insurance, Regulation and Practices

Enacted

LD 279	An Act To Amend Indemnification Notification Laws	PUBLIC 38
LD 313	An Act To Permit Insured Persons To Designate a 3rd Party To Receive Notice of Cancellation of Medicare Supplement Policies and To Restrict the Cancellation of Certain Insurance Policies for Nonpayment of Premium Due to Cognitive Impairment or Functional Incapacity	PUBLIC 123
LD 642	An Act To Require Insurance Companies To Reissue Qualifying Long-term Care Partnership Policies	PUBLIC 198
LD 881	An Act To Amend Certain Insurance Provisions Relating to Variable Annuity Death Benefits and Multiple Employer Trusts	PUBLIC 163
LD 950	An Act To Exempt Health Care Sharing Ministries from Insurance Requirements	PUBLIC 192
LD 1279	An Act Relating to Qualified Financial Contracts by Domestic Insurers	PUBLIC 107
LD 1352	An Act To Implement the Requirements of the Federal Nonadmitted and Reinsurance Reform Act of 2010	PUBLIC 331 EMERGENCY
LD 1464	An Act To Establish Standards for Portable Electronic Device Insurance	PUBLIC 297

LD 1507	An Act Regarding Service Contracts	PUBLIC 345
<u>Not Enacted</u>		
LD 368	An Act To Require Full Disclosure by Insurance Carriers Using Credit Ratings	MAJORITY (ONTP) REPORT
LD 794	An Act To Provide Fair Value for Insured Items	ONTP
LD 867	An Act To Amend the Laws Governing Insurance as They Relate to Civil Penalties Imposed for Violations of Those Laws	ONTP
LD 892	An Act To Establish an Insurance Fraud Division within the Department of Professional and Financial Regulation, Bureau of Insurance	ACCEPTED REPORT A (ONTP)
LD 899	An Act To Disclose Insurance Policy Options to Senior Citizens	ONTP
LD 1010	An Act To Require an Insurance Company To Notify a Landlord When a Tenant Changes or Cancels a Residential Property Insurance Contract	ONTP
LD 1089	An Act To Require That Homeowner's Insurance Covers Rental Equipment	ONTP
LD 1175	An Act To Allow a Homeowner To Insure a Residence for Less than Actual Cash Value	ONTP
LD 1233	An Act To Prohibit Enforcement by a Federal or State Official of the Federal Patient Protection and Affordable Care Act	MAJORITY (ONTP) REPORT
LD 1354	An Act To Require a Person To Carry Liability Insurance on a Snowmobile	ONTP
LD 1555	An Act To Eliminate the Waiting Period before Insurance Adjusters May Offer Adjustment Services	ONTP

Insurance, Workers' Compensation

Enacted

LD 334	An Act To Promote Further Stability within the Workers' Compensation System by Extending the Number of Terms That May Be Served on the Maine Employers' Mutual Insurance Company Board of Directors	PUBLIC 105 EMERGENCY
LD 731	An Act To Terminate the Authorization of the Maine Self-Insurance Guarantee Association To Serve as a Statistical Advisory Organization for Self-insurers	PUBLIC 83
LD 768	An Act To Amend the Laws Relating to Group Trusts Established by Group Self-insurers of Workers' Compensation Benefits	PUBLIC 98

LD 1301	An Act To Amend the Laws Governing Security Deposits of Workers' Compensation Self-insurers	PUBLIC 180
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Mortgage Lending

Enacted

LD 14	Resolve, Regarding Legislative Review of the Final Repeal of Chapter 270: Adjustment of Volume Fees, a Major Substantive Rule of the Department of Professional and Financial Regulation	RESOLVE 5 EMERGENCY
LD 15	Resolve, Regarding Legislative Review of Chapter 285: Adjustment of Non-bank Mortgage Lending Fees, a Major Substantive Rule of the Department of Professional and Financial Regulation	RESOLVE 4 EMERGENCY
LD 290	An Act To Amend the Maine Secure and Fair Enforcement for Mortgage Licensing Act of 2009	PUBLIC 289
LD 1012	An Act To Require a Mortgagee To Provide the Original Release of Mortgage to the Mortgagor after the Release Is Recorded	PUBLIC 146

Not Enacted

LD 327	An Act To Permit Lenders To Exclude Government Insurance Fees When Determining whether a Loan Is a High-rate, High-fee Loan	ONTP
LD 1357	An Act To Exempt Certain Mortgage Loan Originators from Licensing	ONTP

Real Estate Practices

Enacted

LD 544	An Act To Eliminate Duplication of Paint Disclosure and Radon Requirements	PUBLIC 96
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Securities

Enacted

LD 401	An Act To Enhance Penalties To Protect Senior Investors	PUBLIC 37
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State Employees, Office of Employee Health and Benefits

Enacted

LD 440	An Act To Allow Employees of the Maine School of Science and Mathematics to Join the State's Group Health Plan	PUBLIC 67 EMERGENCY
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Not Enacted

LD 857	Resolve, To Study the Feasibility of Consolidating Health Plan Coverage for State Employees with Other Public Employees	DIED ON ADJOURNMENT
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